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ABSTRACT

The Native Inmate Substance Abuse Pre-Treatment Project, a 1-year research and development demonstration project, was pilot tested at Mountain Federal Penitentiary and William Head Federal Penitentiary in British Columbia (Canada). Ten inmates volunteered to participate in the Mountain program, and 14 inmates were required to attend at William Head. The program ran for 8 weeks, 5 days a week, 6 hours a day, and used Native culture and spirituality as components of the intervention process. Inmates and institution staff viewed the program as beneficial, resulting in learning and attitude changes for most of the participants. However, the nature of learning was quite different at the two programs. The program at William Head was more intellectual and educationally oriented, resulting in new knowledge about substance addiction and how to change one's lifestyle. The program at Mountain Institution was more emotional and therapeutically oriented, resulting in greater awareness of personal issues and change in interpersonal relationships. Program differences are attributed to differences between the inmates and the style of each of the counselors. Recommendations include developing a family-system continuum-of-care model in conjunction with the pretreatment program. The appendix includes a monitoring and evaluation model manual and sample data-collection forms and questionnaires. (KS)

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THE NATIVE INMATE SUBSTANCE PRE-TREATMENT PROGRAM:

A DEMONSTRATION PROJECT
(January 1990-December 1990)

APC 3 CA (1992)

RC 018873

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This document is available in French. Ce document de travail est disponible en français sous le titre: "Programme de prétraitement des détenus autochtones toxicomanes: Project Pilote, APC 3 CA (1992)"

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Final Report

The Native Inmate Substance Abuse Pre–Treatment Program:

A DEMONSTRATION PROJECT
(January 1990 - December 1990)

Sponsored By:
The National Native Association of Treatment Directors

Funded By:
Solicitor General of Canada, Correctional Services of Canada
and Secretariat
Health & Welfare Canada
National Native Alcohol and Drug Programs

January 1991

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Many individuals and organizations have contributed to the activities and results of the Native Inmate Substance Abuse Pre-Treatment Project. Listed below are the names of the key organizations and project personnel who were major contributors. Recognition needs also to be extended to the numerous other individuals who provided input and time during various phases of the project. Unfortunately it is impossible to list names of all these people.

A. Project Funding Sources
  - Solicitor General of Canada, Correction Services of Canada and Secretariat
  - National Native Alcohol and Drug Abuse Programs (NNADAP), Health and Welfare Canada

B. Project Steering Committee
  - NNADAP
  - Solicitor General: Secretariat
  - Solicitor General: Correctional Services of Canada
  - National Parole Board

C. Sponsoring Organization:
  - National Native Association of Treatment Directors
  - (Former) Executive Director : Rod Jeffries
  - (Current) Executive Director: Betty Bastien
  - Office Manager: Sheila Ridsdale

D. Contracted Project Staff
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  - Researcher: Marcia Krawll
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  - Treatment Counsellor (Mountain): Janice Robinson
  - Treatment Counsellor (William Head): J. Lucas
  - Treatment Counsellor (William Head): Shane Pointe
  - Curriculum Manual Developer: Janice Robinson
  - Project Evaluator: Wendy Rowe

E. Federal Penitentiary Institutions
  - Mountain Institution, Agassiz, B. C.
  - William Head Institution, Sooke, B. C.

F. Native Substance Abuse Treatment Centres
  - Round Lake Native Treatment Centre, Armstrong, B. C.
  - Tsow-Tun Le Lum Treatment Centre, Lantzville, B. C.

EXECUTIVE SUMMARY

The Native Inmate Substance Abuse Pre-Treatment Project was a one year research and development demonstration project, managed and sponsored by the National Native Association of Treatment Directors, and jointly funded by the Ministry of Solicitor General, Department of Justice and Canada Health and Welfare, National Native Alcohol and Drug Programs (NNADAP).

The native inmate substance abuse pre-treatment project was implemented:

1. to research and develop a native pre-treatment program model and manual for implementation in correctional institutions.
2. to develop treatment centre guidelines for treating the native offender.
3. to field test and evaluate the native pre-treatment program model and manual.
4. to develop a public relations brochure on the treatment program model and manual.

The project consisted of four components:

Phase I: Research and Development
Phase II: Pilot Testing of Program Model
Phase III: Program Final Development
Phase IV: Community Research

BACKGROUND RESEARCH & DEVELOPMENT OF AN INSTITUTION PROGRAM MODEL

Existing substance abuse treatment programs and services that are available within the federal correctional institutions are limited in number, and are often not appropriate for Native offenders. Therefore, this project sought to develop a pre-treatment substance abuse program to operate within a personal institution which was based upon current treatment processes, federal institution parameters, and the needs of Native federal offenders.

Research was conducted through use of written questionnaires, personal consultations, and review of the literature. In order to obtain a representative sampling of existing substance abuse treatment services and programs in federal correctional institutions, information was sought from federal, provincial, and state institutions located within Canada and the United States.

In reviewing the literature, the primary sources for information were obtained through libraries at the Ministry of the Solicitor General of Canada, Pacific Region and the Northern Justice Institute at Simon Fraser University in B.C. Additional literature was collected by individual team members through their contacts with related correctional and treatment services.

Programs dealing with substance abuse issues are operating in many of the federal and provincial institutions in Canada and United States, but they tend to be primarily educational or life skills oriented and to be available for the entire inmate population rather than targeted specifically at native Indians. Native culture and spirituality was incorporated into only a few of these programs.

Consultations with substance abuse and justice system professionals indicated common themes about the needs of the native inmate.

Respondents were asked to identify characteristics of offenders which affect their degree of success in any treatment program. From the perspective of treatment centre staff, the following were identifiable characteristics of offenders:

- expressed fear and misunderstanding about alcohol/drug abuse
- institutionalized behaviour
- manipulative
- untrusting/low levels of trust
- engaged in denial
- unmotivated and apathetic
- look on treatment as doing "easy" time
- know all the rules and keep in line
- interested in doing "little" paperwork
- resistant/reluctant
- not ready
- court ordered – not voluntary therefore not invested in changing
- have "attitude" problems
- distracted by opposite sex
- dually addicted
- disruptive
- lack of understanding about own addictions
- coming in only to get sober – not to recover

Some of the responses reflect another set of characteristics which an offender may possess; those inmates who are ready and willing to take risks; and those who may be hindered by their institutionalization. Some inmates remain a "model" prisoner, maintaining themselves in an emotional state of compliance while never allowing himself/herself to experience their innermost emotions - emotions which are necessary to effect change. The question then perhaps is how or when does one determine when an offender is "ready" to enter treatment. In other words, what characteristics determine "readiness."

In order to adequately meet these needs, respondents recommended that a pre-treatment substance abuse program be holistic in its approach, and that there be increased opportunity for greater family and community involvement. It was further suggested that, there be increased opportunities for individual counselling and intensive treatment programs within the institutional setting, and that these programs be Native directed, and staffed with Native personnel.

Needs Within the Justice System

Need within the justice system pointed overwhelmingly towards education and training. It was revealed that specific training in the areas of cross-cultural awareness, addictions, and the treatment process was imperative to the future development and delivery of programs aimed at rehabilitation. Increased opportunities for building trust and openness would further help the justice system more effectively design these programs. In order to provide these opportunities, the system needs to foster, emphasize and support a "team" approach, as well as provide an avenue for examining staff attitudes towards inmates, colleagues, and the system. Knowledge of existing community services, and the appropriateness in conducting community assessments were identified as needs for the National Parole Board and parole offices, respectively.

Needs Within Native Communities:

Increased understanding and involvement of communities in the whole process was emphasized as an important area of concern. Communities were seen as needing to gain both a greater understanding about alcohol and drug abuse as a symptom of a larger problem and, to identify the difference and importance of family treatment versus individual treatment, in order to promote the development of and a commitment to healthier living.

The Needs Of The Treatment Centres

The treatment centre staff indicated that information about the justice system and the individuals coming into the system was necessary to enable provision of treatment opportunities to this population. Information specific to policies and procedures of federal institutions and parole, in conjunction with training in the area of criminal thinking and behaviour patterning, would assist staff in working more effectively.

Recommended Model (Focus and Components) of A Pre-Treatment Program

Based upon the findings of this preliminary research, it was recommended the pre-treatment program model for Native offenders be designed to take into consideration the needs and mandates of both the participants and sponsor groups. The program model suggested is one which is based upon the synthesis of the Popular Education Method and Social Learning Theory. This program model provides the opportunity to integrate culturally relevant content, and total involvement of the participant. It also places an emphasis on the development of a "continuum of care"[1] model which includes a network involving the Native offender, his/her family members, the institutional staff, the NPB, parole supervisors, Elders, treatment team and the community as identified by the offender.

The pre-treatment program needs to require the commitment of the Native offender. It is recommended, it involve:

- Eight weeks of intensive treatment and educational activities.
- Development of a four year continuum of care plan that includes family members of the community and a supportive chemical free network.
- An understanding of alcoholism/drug abuse as a disease that is treatable through sobriety and education.
- The opportunity for one-to-one counselling with a skillful pre-treatment counsellor.
- The opportunity to recognize and to work on changing destructive life patterns.

The pre-treatment program should adopt as a holistic approach, and should attempt to compliment any programs which are currently conducted within the institution.

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[1] A "continuum of care" model takes the position the substance abuse has different treatment needs during the different states of his/her recovery; that treatment providers must work together as part of a network of resources to refer the individual through.

The primary focus of pre-treatment is to prepare the individual for treatment by providing the opportunity to begin exploration of some specific areas:

- building trust relationships
- changing attitudes which are a barrier to recovery
- resolving personal grief and anger issues
- increased understanding of Native traditions, values, and brotherhood
- increased self-esteem
- increased understanding of positive and creative (spiritual) energy to work through recovery
- basic addiction knowledge
- denial and defense mechanism
- assessment and aftercare
- group process
- building awareness
- health and recreation
- overview of treatment program and process
- family re-entry
- probation/parole issues
- employment and education
- counselling
- life skills

PILOT TESTING OF INSTITUTIONAL PRE-TREATMENT PROGRAM

The proposed program model was pilot tested at two federal correctional institutions: Mountain Federal Penitentiary in Agassiz, B. C. and William Head Federal Penitentiary in Sooke, B. C.

The Orientation Sessions

At both sites, orientation meetings were conducted in the institutions and with staff from the residential substance abuse treatment centres that would receive inmates from the two institutions.

Subsequently orientation meetings for the Mountain Institution Native Offender Pre-Treatment Program were held at the Mountain Institution May 7-8, 1990 and at Round Lake Treatment Centre on May 9, 1990.

Subsequent orientation meetings for the William Head Institution Native Offender Pre-Treatment Program were held at the William Head Institution April 30 and May 1, 1990 and at Tsow-Tun Le Lum Treatment Centre on May 3, 1990.

At each of the four orientation sessions, a presentation on the focus and components of the proposed pre-treatment program was delivered. Discussion was encouraged to explore issues surrounding the implementation of this program within the institution and the role of the treatment centres in receiving native inmates from the institutions for treatment.

The orientation sessions were useful but not as productive as they could have been. A written report on the findings of the research review was not available thus issues and data tended to be presented more as an opinion rather than fact. In addition while the program model existed in concept, it had not been formalized and written up in a way that could serve as a good focus of education and communication to the institution staff and inmates, as well as to treatment centre staff.

Following the orientation sessions at both institutions, staff stated they felt somewhat confused about what was going to be happening but indicated they were quite receptive and interested in experimenting with the program. At both sites discussion emerged concerning which inmates should be referred to the program, what impact this would have on parole, what information should be shared between the program counsellor/instructor and the institution case management officer (CMO), and what were the rights of inmates concerning confidentiality.

The Program Implementation and Content Focus

At Mountain Institution, 10 inmates volunteered to participate in the program. However at William Head Institution, there were no volunteer inmates were distrustful and resistant to the program. Thus institution staff simply made it a mandatory requirement that 14 native inmates would attend the program whether they liked it or not. Understandably over the first couple of weeks, absenteeism and tardiness was a problem at William Head but not at Mountain. In fact at Mountain the inmates themselves established their own rules about tardiness and non-attendance, deciding the inmate would be "kicked out" of the group if they didn't "show" on time. The Mountain Institution inmates also established rules about their behaviour and conduct in group– decreeing there would be no profanity, no use of alcohol or drugs and they were to treat each other with respect.

The Pre-Treatment Program was implemented at both Mountain and William Head, beginning July 25th and running for eight weeks, five days a week, 6 hours a day until August 18th.

At Mountain Institution, the program counsellor/instructor was able to quickly establish a strong and trusting relationship with the inmates. Also the inmates themselves developed strong bonds with each other in the group. The activities of the program focused on trust building, group communication skills, breaking down barriers and dealing with personal issues as well as issues of substance abuse and addiction and its negative impact on self and family. Native spirituality and cultural traditions were used as an underlying component of the intervention process but were not heavily emphasized all by itself.

At William Head Institution, the program counsellor/instructor had a much more difficult time establishing trust with the inmate participants, and with getting the inmates to trust and bond with each other. Because of this lack of trust and rapport, the group could not productively focus on disclosing and addressing personal issues. The group activities tended to be more educational and information sharing oriented.

During the first month the program counsellor/instructor focused on native traditions and spirituality as a source of identity and strength. A second instructor during the second month of the program focused more on substance addictions and the life skills changes needed to achieve abstinence and recovery.

Characteristics of Mountain Inmate Participants

Ten inmates participated in the Mountain Institution program. All were male and native. Average age was 35.4 years. None of these persons had completed high school, although one person had received his GED.

Problems with alcohol are clearly evident. Average age when these inmates had started drinking was 11.3 years. By 16.8 years of age (on average) drinking was a problem, with most of them having had a problem with alcohol for 11.7 years. For most of them, prior to institutionalization, drinking involved more than 7 drinks 2-3 days a week.

Since institutionalization, two inmates report they are still drinking; 4 inmates report some drug use.

Negative conditions are evident in the background of these inmates. The most notable conditions present for most of these inmates were:

- raised in an alcoholic home (87.5%)
- father was neglectful/absent (87.5%)
- unnatural deaths of close family members (87.5%)
- mother was neglectful/absent (75.0%)
- victim of physical abuse (62.5%)
- victim of sexual abuse (62.5%)

Six inmates (75.0%) report having attempted suicide; 5 inmates have sexually abused someone; 6 (75.0%) report lots of anxiousness.

When drinking, these inmates report they engaged in the following behaviour:

- committed sexual offenses (reported at least sometimes by 4 inmates)
- became withdrawn, isolated (reported at least sometimes by 6 inmates)
- doing things in public people don't like (reported at least sometimes by 5 inmates)
- committed personal offenses (reported at least sometimes by 5 inmates)
- become physically aggressive/violent (reported at least sometimes by 4 inmates)

Going into the Pre-Treatment Program, many of these inmates described themselves as feeling anxious, hesitant, uncertain. Many of these inmates described their behaviour at admission as

- physically aggressive
- loud and obnoxious
- verbally aggressive

Characteristics of William Head Inmate Participants

All 14 participants were male, average age 27.3 years. None were currently married. Six of the inmates had grade 10-12 education, one inmate had his GED. Average age these inmates started drinking was 14.2 years. Most of the inmates described their behavior when drinking as argumentative/verbally abusive, being withdrawn or isolated and doing things in public people don't like. Six of them described themselves as physically aggressive/violent when drinking. Five of them said they "never" where physically aggressive or violent.

Significant negative issues in the background of these inmates were:

- being raised in an alcoholic home (81.9%)
- father being neglectful/absent (100.0%)
- mother being neglectful/absent (90.9%)
- getting into fights/arguments with spouse/partner (62.5%)
- getting into fights/arguments with friends/family (69.2%)

For six inmates, their mother had died. Four report they had attempted suicide – one reports being a victim of sexual abuse. Two inmates report having sexually abused another. Most of the inmates reported being anxious a lot, feeling alone and isolated.

At the time of admission to the Pre-Treatment Program, these inmates reported the following types of behaviour/attitudes:

- being quiet and withdrawn
- being in "denial"

- being cooperative
- feeling hopeful
- feeling uncertain

Impact of Program on Mountain Institution Inmates

While in the pre-treatment program, it is apparent the inmates in the Mountain Institution program found themselves changing their attitudes and behaviour. Most of the inmates reported an increase in feelings of excellence, respect, being happy, calm, relaxed, trusting, hopeful, eager, and accepting. There was a decrease in the feelings of being anxious, hesitant, afraid,distrustful, and unhappy.

Other behaviour/attitude changes noted by the inmates participants at Mountain were decreased likelihood of physical aggression, verbal aggression, being loud and obnoxious, being quiet and withdrawn, being fearful, being angry, and anxious; and increased likelihood of being cooperative,being talkative and openly honest, being friendly and sociable,being curious and accepting, being flexible and tolerant.

Inmates were asked to rate what sessions they liked and why they liked it – because it was fun, interesting or because it changed them or helped them to understand. Group therapy, elder sessions and morning therapeutic recreation were seen as most helpful and effective, followed next by the individual counselling sessions, the big book study, personal care and homework time, and traditional values and principles.

Inmates felt they had learned a lot, most notably in the areas of acceptance of drug/alcohol dependency, understanding of the dynamics of alcohol/drug use, improved self-esteem, commitment to sobriety/abstinence, and improved group communication skills.

Overall when the inmates were asked to identify what they best learned as a result of participating in the program, these were their comments:

- *"I learned to be open and trustful, especially in prison."*

- *"I learned to be aware of re-offending and try my best ability to stay in line."*

- *"I learned a lot of what kids go through while growing up in an alcoholic background and the pain that they carry through while they are growing. I learned a lot on what children hide from their parents."*

- *"I feel I learned more about sexuality, alcoholism, sexual addiction and abuse and how to deal with them."*

- *"Awareness of self - Alcoholism, sexuality, and physical violence in my alcoholism. Physical, mental, emotions and spiritual abuse and how it affected my life."*

- *"To take a look at why I drank also to know that in order to change I had to let my old past go. Also how to control my anger and a better understanding of my sexual gender."*

- *"I learned trust, in myself and trustful of women, respect, sharing feelings and helping others."*

- *"I have learned to better myself and how to stay away from the things that I did before I started this program."*

- *"I feel I can recognize my own feelings and thoughts, how to express my problems in a healthy way and that I'm a very sick person and I'll always be sick."*

As a result of what they learned and experienced five inmates of the 10 participants made a commitment to ongoing treatment and recovery.

Inmates participating in the Mountain Pre-Treatment Program provided numerous other comments on what they experienced while in the program, what they liked and didn't like. Inmates reported they were uneasy or confused (uncertain) when they first started the program. After a couple of weeks, some said they still felt uneasy and distrustful but others reported they began to feel better, to open up more. All reported with time they were able to talk more openly. All attributed this to the skill of the counsellor and the strength of the group.

Inmate respondents reported the program was appropriate to their needs and was beneficial. They endorsed the goal of the program – to help them with honesty, self-understanding, and the use of these two tools in beginning their recovery.

Inmates further commented the program can benefit only those who want to help themselves, who want to be honest with themselves and who want to change. All inmates reported they felt respected and that this helped them to open-up. Inmates were universal in their praise of the counsellor's insight and abilities. Inmates stated they liked the cultural activities and traditions very much.

Respondents in general indicated that what they liked best about specific sessions was the opportunity for enlightenment and self-understanding. Their dislikes about sessions were not related to the actual content of these sessions, but to their personal issues (i.e. dealing on a personal level with the information presented).

Inmates expressed their overall satisfaction with the straightforward Native approach to their problems, which has helped them gain understanding of their lives.

There was little agreement between respondents on their overall dislikes of the program. One person showed concern about other participants' detailed descriptions of their crimes, and another respondent indicated that all participants had not been sharing fully.

Mountain Institution Staff Satisfaction With Program

At the conclusion of the pilot Native Pre-Treatment Program in Mountain Institution, the case management officer expressed strong support for the program, and gave a very positive evaluation.

Substance abuse treatment was seen as potentially having success if the facilitator can get the inmate to self-examine, to grow and break down the barriers of anger, shame, cynicism and negativity. Support and positivism from the institution staff was also viewed as important to success of an inmate treatment program. Breaking down the barriers of racism and connecting inmates with their cultural and spiritual background was also seen as important.

Comment was made that participation by inmates should be voluntary, following an orientation session with inmates and a personal interview with each participant. Comment was also made that the inmate participant should sign a release before information was shared between the counsellor and institution staff otherwise the CMO should rely on what the inmates choose to disclose himself.

Final comment was made that key to the success of a pre-treatment substance abuse program for native offenders is the skill and understanding of the instructor/counsellor to establish a rapport with the inmates, to discover and develop the human potential in an individual (despite their crimes and aberrant behaviour).

Follow-Up Status on Mountain Inmate Participants

As of February 1991, six months after the conclusion of the program, a follow-up assessment by the case management officer (CMO) on the ten inmate participants revealed:

- Six inmates were still in Mountain but reported to be doing well. Most are involved in other Native and educational programs and are active members of the Native Brotherhood. The CMO further commented that these six inmates remain very communicative with each other and with prison staff and that, given the seriousness of their criminal history, it was remarkable the pre-treatment counsellor was able to break through their barriers.
- One inmate is still in denial.
- One inmate continues to display attitudinal problems.
- One inmate is doing a life sentence.
- One inmate has continued use of drugs and due to this and other infractions has been sent "up" to a maximum security penitentiary.

Impact of Program on William Head Inmate Participants

For most of the 14 inmate participants in the William Head Program, they did not report much change in how they felt or in their behaviour or what attitudes they had as a result of participation in the program.

The attitudes and emotions felt by the inmates on when they entered the program varied. Some were curious; others were resistant, however, two weeks into the program, attitudes began to change positively for nearly all the inmates.

However the inmates do report they learned a lot. Sessions the participants reported getting the most help from were:

- traditional values and principles
- group therapy sessions
- individual counselling
- evening social/recreational therapy
- group information session

When the inmates were asked to state what they had learned as a result of participating in the program, most of them focused on the native traditions and spirituality aspects of the program, Specific comments were as follows:

- *"I learned to speak out in discussions how to set foundation and goals and the steps to accomplish. I learned about native past and present culture and religion. I learned how to handle problems with discussion and research."*

- *"I understood my problem for what it really was."*

- *"Well I learned about smudging , going to the sweat and each one of us got to say the morning prayer. Also we talked about our problem about our drinking."*

- *"A lot of spirituality and personal healing. How to act in a group talking session. Understanding about the natives having to suppress all their lives."*

- *"I have learned quite a bit about our native culture and heritage and also how to better prepare myself for entry into a treatment program."*
- *"Group therapy, public relations, social development. How to control your emotions and learn traditional ways."*
- *"I feel that I have an option to the abusing lifestyle I use to live. I now have an identity."*
- *"I feel I learned more about my self and my past than I have ever known before, also about tradition culture and spirituality."*
- *"This program can become a good one as long as the spiritual teachings are kept. But Elders are really needed in this program."*
- *"We can help one another."*
- *"A lot about assertiveness and spirituality."*

At discharge from the institution, six inmates of the 14 participants were planning to seek continued support/recovery; eight were planning to enter a treatment centre. Nine were planning on finding a job.

Inmates participating in the William Head Pre-Treatment Program provided numerous comments on what they experienced while in the program, what they liked and didn't like. Respondents expressed gratitude for the opportunity to learn about their spiritual and cultural heritage, and indicated that this knowledge had given them a different perspective on their lives and their problems.

Survey respondents on the whole were quite pleased with the counsellors, specifically since they were native, and had had substance abuse problems, which enabled them to relate to the issues faced by the inmates.

Inmates did not provide many comments on their like or dislike of specific sessions. The most common response was that the Elder Session would have been improved by the presence of an Elder. Inmate's comments revealed an enjoyment of the spiritual and group sharing aspects of the program.

There were no significant dislikes expressed about the program. A few inmates mentioned the excessive length of the program, although they did not specify whether daily length or overall length was the problem. Also mentioned was the changing of instructors as a disruptive influence, though the replacement instructor proved to be satisfactory to participants.

William Head Institution Staff Satisfaction With Program

William Head staff provided their thoughts on native offenders and their needs in a questionnaire, to which nine staff members responded. Staff members were asked for their suggestions on program issues such as referrals, inmate termination from program, attendance and rule enforcement. Opinions were generally quite divided on these issues, and no clear consensus emerged. However, staff members were, in general, quite understanding of the native substance abuse problem and its underlying causes. Staff also commented on the success of the existing Pre-Treatment Program, and were united in their belief of the necessity of native leaders for the program.

The course coordinator also commented on the program, at the time of its one month evaluation. Although he expressed some concern over the impact of the first course instructor's absenteeism and its impact on program participants, he felt assured that the replacement instructor would compensate for the program's loss.

The course instructor made several comments about the rules and boundaries of the prison environment as a distracting and negative influence on the program.

> *"Presenting a pre-treatment program to a group of inmates who live by such strong prison codes and laws made it difficult to approach this project through the traditional way of counselling and presentation of materials . . . the correction system with all its rules and regulations, both written and unwritten, is so well entrenched that it makes for a very difficult learning and healing environment . . . . the energy between staff and inmates is constantly strained and causes dysfunction in the circle . . . the group progressed to the point of sharing more in the circle and weren't as edgy. The codes of not talking to certain people in the prison was discussed."*

Subsequently because of the barriers and tension between the inmates and the system and the way inmates were forced to participate in the program, the instructor/counsellor commented he found it difficult to maintain a neutral role. The prison liaison officer observed the instructor sometimes became involved (took sides) in the conflict and barriers occurring within the prison system. This detracted from his ability to remain neutral but connected to both the inmates and the institution staff.

The second course instructor/counsellor entered the program with some of the ground work already established. While the history of anger and resistance was present, he was able to move beyond this to build trust and rapport with the inmates while also building good communication and rapport with the institution staff.

Follow-Up Status on William Head Participants

Six months following the end of the program, a follow-up was conducted on what had happened to the 14 inmate participants.

- 2 had completed treatment at a residential substance treatment centre (one at Round Lake and one at Tsow-Tun Le Lum).
- 2 were currently in treatment at Tsow-Tun Le Lum Treatment Centre.
- 1 was currently in treatment at Round Lake Native Treatment Centre.
- 1 inmate was on full parole, living in Whitehorse and selling art.
- 1 inmate had been released and was doing well living with his brother.
- 1 inmate had been transferred to a minimum security facility.
- 3 inmates were still at William Head but doing well.
- 1 inmate had been transferred to a violent offenders program.
- 1 inmate was still at William Head but will do maximum time as he is extremely manipulative.
- 1 inmate was still at William Head and still displays attitudinal problems.

In summary, five inmates have been released and went to treatment. Two have been released and are doing well in the community. Four are still in institutional care but are doing well.

Conclusion- Success of Pilot Testing

In summary, it can be said that while the planning and start-up of the Pre-Treatment Program at Mountain Institution was poor and ill-defined resulting in a lot of confusion, the actual operation of the program with the native inmates went very well. Both the participants and the institution management staff reported they were very satisfied with the activities and outcome of the program. The inmates faced issues they had rejected before; trust and communication was built within the group as well as between individual inmates and the prison case management officer (CMO). Inmates reported learning and confronting many issues within themselves. Six months later, the CMO felt six of the ten participants had continued to grow and progress in recovery as a direct result of their experiences in the program.

Participants and institution staff attribute the success of the program to the skill and "humanness" of the treatment counsellor in breaking down barriers, building trust and then using this opportunity to help the inmates to confront the facts of their lives and their addictions.

At William Head Institution , the program got off to a rocky start because of the way in which the inmates were told they had to attend a program that many of them didn't want. Resistance was demonstrated through tardiness, absenteeism and poor group interaction. However, the focus of the Program on Native History, traditions and spirituality was effective in "drawing" the inmates into the program. The counsellor/instructor was able to use native spirituality as a way of relating and "connecting" to the inmates. Unfortunately because of the anger of the inmates toward the institution, the counsellor was placed in an untenable position of appearing to form allegiance with the inmates against the institution.

The second instructor of William Head was able to establish a more neutral relationship with the inmates and to build on the foundation of native culture to address issues of alcoholism and treatment. The inmates appeared to learn a lot of information as a result of the program but didn't seem to develop emotionally, within themselves and between themselves (as happened with the Mountain Institution inmates). They tended to focus on what they had learned cognitively instead of what they learned emotionally. It would seem the instructors of William Head were not able to penetrate the barriers and "walls", these inmates have elected to cope with their lives and institution living. Perhaps the fact they did not voluntarily choose to attend the program is a sign they were not ready to open up their "soul".

Despite this emotional resistance, most of the inmates reported they liked the program. Eleven of the 14 were reported to be doing well; five of them had completed (or were in process of completing) substance abuse treatment at either Round Lake Treatment Centre or Tsow-Tun Le Lum Treatment Centre.

Institution staff at William Head also indicated strong support for the program feeling it was quite beneficial to the inmates. Recognition was given to the need to recruit voluntary participants and to have the right type of instructor/counsellor – one who can remain neutral between the institution and inmates yet establish good trust and connectiveness with the inmates, as well as the prison case management officer.

In conclusion, it can be said implementation of the Native Inmate Pre-Treatment Substance Abuse Program at Mountain and William Head Institution as demonstration sites for pilot-testing the program model was most revealing because it yielded valuable information on how different yet effective the program could be to native inmates with substance abuse programs.

It is very clear the two programs were viewed by both inmates and institution staff as beneficial; resulting in much learning and attitude/behaviour changes for most of the participants – but that the nature of learning was quite different for participants in the Mountain Institution Program versus participants in the William Head Institution Program. The program at William Head was much more intellectual and educationally/cognitively oriented resulting in new knowledge about substance addiction and how to change one's lifestyle. The program at Mountain Institution was much more emotional and therapeutically oriented resulting in greater awareness of personal issues (and how they relate to addictive behaviour) and changes in how a person relates to others (i.e., in terms of being able to trust, be honest, communicate openly, etc.).

The differences in the program appear to be a function of both the style of the instructors/counsellors who delivered the programs and differences in the needs of the inmate participants. At Mountain,Institution the inmates were, as a group, very emotionally "needy" individuals who were already grappling with issues of personal grief, abusive childhoods (physical and sexual), poor social relationships, poor self-esteem and a criminal history of sex-offending. Because of these needs, the participants were able to "bond" together as a group to explore issues and share feelings. The counsellor encouraged this self-growth and self-exploration.

At William Head Institution, the inmate participants were young men who were probably more socially functional and were more emotionally independent, (or tough) – thus they did not "bond" together as an emotional group needing to talk and share personal feelings. These individuals were more comfortable talking about concrete information and about their overt behaviour than dealing with feelings and emotions. The two instructors at William Head both promoted this kind of intellectual development, one instructor focusing on native traditions and spirituality and the other instructor focusing on substance addiction (its nature and impact) and on how to maintain abstinence and a criminal-free lifestyle.

Both programs at Mountain and William Head were able to evolve "naturally", in an unstructured unplanned way because the program model was so ill-defined and unstructured at the start. The instructors/counsellors were required to "fly by the seat of their pants" and thus programs were implemented based on sketchy ideas and concepts, some draft curriculum materials and, most importantly, the "real needs" of the inmates participating in each program.

At this point, given the actual natural evolution of the programs at Mountain and William Head, one needs to compare the resultant programs with the actual research findings and the originally proposed program model. The research findings and the originally proposed program model pointed to an educational/life skills type program that also dealt with issues of trust, denial, defense mechanisms, poor social skills and all the other barriers to accepting intervention and recovery. The resultant programs were consistent with this information but with one focused more on one end of the scale and the other focused more on the other end of the scale. The results of these pilot testing indicate ***both types of models are acceptable and appropriate depending on the needs and character of the inmates participating.***

However, some elements of programming recommended during the research and development phases of the project were not implemented or delivered. There was a need expressed for more training and education by prison staff on the nature of substance addictions, its role in the antisocial and criminal history of native offenders and how intervention and treatment is critical to the recovery of the native offender. The orientation workshops at both institution sites failed to provide sufficient education and training of institution staff. If anything, all that these orientation meetings served to do was to create confusion and some tension about the ensuing programs to be implemented.

If planned and conducted properly, the orientation workshops could have been more productive, serving three purposes:

1. education and training of institution management and staff on substance addiction among native Indians and how to intervene/treat the native offender.
2. development of a commitment by the institution to substance abuse programming for the native inmates.
3. planning of the focus and format of the program to actually be delivered at the institution targeted (since the focus and format of the program can vary according to the needs of the targeted participants).

The orientation workshops at Round Lake Treatment Centre and Tsow-Tun Le Lum Treatment Centre was effective in opening the doors of the treatment centres to referral of native offenders. However, the workshops needed to have provided more information to treatment centre staff on the varied needs and characteristics of native offenders, on how to understand and function within the prison system, and how to treat the native offender.

The orientation workshops also failed to establish a common link of understanding, cooperation and coordination between the institution and the treatment centre in regards to serving the native inmate while in the institution and upon his release.[3]

Another recommended element of the Pre-Treatment Program that never materialized in the actual programs delivered at Mountain Institution and William Head Institution was a true Family Systems continuum of care intervention model involving the inmate, family members and community in a process of pre-treatment, intensive treatment, recovery and rehabilitation extending from the period of incarceration to a residential treatment facility to the reserve community.

Development and delivery of this type of intervention model was not possible given the limitations of the project to research and deliver an eight week program model. An attempt was made to include representatives of the surrounding native communities in the orientation workshops and certainly the opinions and needs of community were sought during the various research phases of the project. But family members and home community sponsors of specific inmates participating in the programs at Mountain Institution and William Head Institution were never actually involved in the pre-treatment program delivered. This seemed to be a function of both lack of time on the part of the counsellor/instructor to organize and involve family members and community sponsors in the treatment process, and lack of "know-how". Since the inmates come from places all over the province, how does one involve family members and community sponsors? What is their role? Are they sources of dysfunction themselves or sources of support to the inmates? Institution staff expressed considerable skepticism about the practicality and relevance of involving family members and a community sponsor in institution-based programming.

Further attention must be given to considering the role of family and community in the intervention/treatment process of the native offender. It is not sufficient to "talk about" a family systems, continuum of care model of intervention in theory, without the mechanics and process of "doing it" being developed and described in a way comprehensible to all.

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[3] Subsequent to the orientation workshops, Tsow-Tun Le Lum initiated further liaison with William Head Institution resulting in several referrals by William Head inmates to the treatment centre.

Information that can serve as the foundation of a family systems, continuum of care model is available from work completed subsequent to the delivery of the pilot-test programs. This includes the development of a Pre-Treatment Program Manual, (see Section 7.0 of this report document), the development of Guidelines For Treatment Centres (see Section 8.0) and the results of the community Research Project (see Section 9.0).

PROJECT CONCLUSIONS AND RECOMMENDATIONS

The Native Substance Abuse Pre-Treatment Project yielded considerable information about the benefits of substance abuse programming within correctional institutions for the native Indian inmate, what such a program should "look like" and how it can be implemented. (Lessons on what not to do were also learned).

It is apparent from the research data and the experiences of the pilot test programs delivered that the *process* of introducing the program to inmates and into the institutions is *very important* – that institution staff and substance abuse treatment counsellors from the referral treatment centre need to understand each other's system, and need to "work together" to deliver a program that "works" within the prison system, meets the needs of inmates and prepares and "readies" the inmate for referral to intensive treatment as part of the institution discharge/parole process. The pre-treatment project failed to fully accomplish this process but yielded useful information on how future programs could be better implemented.

Another point learned as a result of this project is that the intervention focus and strategy needs to be both *structured* and *flexible* in order to respond to the needs of the inmates who might be participating during a particular session. It was seen the needs of the Mountain Institution inmates were quite different from the needs of the William Head Institution inmates – subsequently the two programs evolved differently. (Although it is likely the individual styles of the counsellor/instructors was also a factor in influencing the evolution of each program).

Both programs, however, were similar in their overall goals to prepare the native inmate for later intensive treatment and recovery from substance addictions through breaking down the barriers of ignorance, denial, defensiveness, poor trust relations, poor socializing and communications skills and poor life skills and building up a motivation to want a productive healthy and satisfying life on the "outside". Both programs were similar in their use of native culture and spirituality as a strengthening and motivating factor in the intervention process.]

Both programs were also similar in seeking native inmates who want out of the justice system, are motivated to learn how to "get out" and have a reasonable chance of release within the next year.

Both programs were also conceptualized as beginning programs for the native offender – a program that should be understood to be part of an ongoing continuum of care process of education, treatment and rehabilitation.

These structured elements of the program need to be formalized and documented.

Where the program needs flexibility is in the particular curriculum focus and delivery of the program within specific institutions. The program must "work within" and "in cooperation" within the institution (the rules and process of each system can vary from institution to institution) and the program must be responsive to the characteristics and needs of the inmates — thus in one instance an educational/social learning approach may be warranted and in another instance an emotional/therapeutically oriented approach may be needed.

This type of flexibility in the program intervention focus is possible if a consultative, participatory process is adopted involving the representatives of the institution management and staff and local substance abuse counsellors in the initial planning and focusing of the program to be implemented. For example, if a program is planned for the fall of each year, two-to-three months prior, a steering committee should form to plan and carry out the internal training and education of prison staff, to recruit a group of native inmates, to identify the character and needs of these inmates, to determine the appropriate intervention approach, to select and hire an instructor/counsellor who can delivery this approach and to determine or resolve all other program delivery and implementation issues that are particular to the institution system. The resultant program delivered under such a consultative participatory process involving institution personnel and substance abuse professionals is likely to have great potential for success.

Another lesson learned as a result of the project is how important the skills and character of the counsellor/instructor are to the effectiveness of the program. The counsellor/instructor must be qualified to deliver a program curriculum that is responsive to the needs of the participants. Most importantly the counsellor/instructor must have the integrity, self-esteem, and professionalism to establish rapport, respect and trust with the inmates while also understanding and respecting the rules and constraints of the institution system. The instructor/counsellor must be able to communicate honestly and openly with both the inmates and the institution staff knowing the appropriate boundaries of confidentiality and professional conduct.

Another element of the program that revealed itself to be critical was the use of native culture and spirituality as a method of bringing together diverse people with different backgrounds and needs and motivating them to seek higher self-esteem, to form an identity and pride within themselves as an Indian and to want a better life outside the justice system. The use of native cultural traditions and spirituality throughout the intervention process served as a foundation to explore numerous other issues.

Finally, it must be emphasized that while much was learned from this project about substance abuse programming for native inmates, there is more work to be accomplished. Specifically a fully developed family systems, continuum of care model and delivery process needs to be developed and documented. The Pre-Treatment Program operating within an institution should be seen as only one component of an ongoing process. The mechanics of this process need to be identified and documented. For example, where does the inmate go after intensive residential treatment? How can family members get involved in the treatment/recovery process and when? How can the inmate get support on the "outside" whether in a reserve community or an urban setting? Many question and details of a full continuum of care program needs to be identified and described.

Thus based on the experiences and information gathered during the Native Inmate Substance Abuse Project, the following recommendations are offered:

1. Further develop a family system, continuum of care model for native Indian offenders who have substance abuse problems, specifically all components of the system and how they should interact to best serve the native offender. This system should specify, for each component, the roles of the individual, family community, the justice system and the substance abuse professionals and describe in detail goals, objectives, target population, selection criteria, intake and assessment, intervention approach, curriculum content and delivery mechanisms, discharge and referral, organizational and staffing resources and mechanisms for liaison, consulting and coordination between all subsystems and components of the continuum of care.

2. Encourage the development and implementation of substance abuse pre-treatment programs within correctional institutions by means of a consultative, participatory process involving substance abuse professionals and institution management and staff and coordinated by an external professional facilitator.

3. For corrections institutions interested in substance abuse programming for native inmates, facilitate formation of a joint steering committee involving the institution and substance abuse professionals
    - to plan and carry out the training and education of institution staff
    - to orient and recruit a voluntary group of inmate participants
    - to identify the character and needs of these inmates
    - to determine the appropriate intervention approach
    - to select and hire the program instructor/counsellor
    - to determine all other procedures and processes for program delivery and implementation
    - to coordinate the actual implementation of the program
    - to manage the human and financial resources

4. Encourage development of a structured program approach consistent with the role and goals of the program within the overall continuum of care family systems model, but flexible and responsive to the needs of the participating inmates and the constraints and structures of specific institution systems where the program is to operate.

5. Ensure use of native cultural traditions and spirituality throughout all aspects of programming.

TABLE OF CONTENTS

PAGE

EXECUTIVE SUMMARY i
LIST OF TABLES xviii

1.0 INTRODUCTION 1

2.0 THE PROJECT GOALS AND TASKS 1

3.0 A SUMMARY: LITERATURE RESEARCH AND PROGRAM DEVELOPMENT RESULTS 3

4.0 REVIEW OF MOUNTAIN INSTITUTION PRE-TREATMENT PROGRAM 12

- 4.1 The Orientation Workshops 12
- 4.2 The Program Format and Curriculum 13
- 4.3 Program Operational Issues 13
- 4.4 Characteristics of Participating Inmates 19
- 4.5 Program Impact as Perceived by Participants 22
- 4.6 Mountain Institution Satisfaction With Program 31
- 4.7 Follow-up Status of Participants 32
- 4.8 Summary 33

5.0 REVIEW OF WILLIAM HEAD INSTITUTION PRE-TREATMENT PROGRAM 33

- 5.1 The Orientation Workshops 33
- 5.2 The Program Format and Curriculum 35
- 5.3 Program Operational Issues 35
- 5.4 Characteristics of Participating Inmates 40
- 5.5 Program Impact as Perceived by Participants 43
- 5.6 William Head Institution Satisfaction With Program 48
- 5.7 Follow-up Status of Participants 49
- 5.8 Summary 50

6.0 CONCLUSION AND DISCUSSION ON PILOT TEST SITES 51

7.0 A SUMMARY: COMPONENTS OF THE FINAL PROGRAM MODEL AND CURRICULUM MANUAL 53

8.0 A SUMMARY: INFORMATION HANDBOOKS 54

9.0 THE COMMUNITY-BASED RESEARCH PROJECT 56

10.0 DISCUSSION: ISSUES AFFECTING PROJECT PHASES AND OUTCOME 61

11.0 CONCLUSION AND RECOMMENDATIONS 62

APPENDIX: PROGRAM MONITORING AND EVALUATION TOOLS

LIST OF TABLES

PAGE

Table 4-1 Mountain Institution Program Curriculum Topics and Schedule 14

Table 4-2 Mountain Institution Program Counsellor Critical Incidence Report on Daily Activities 17

Table 4-3 Characteristics of Inmate Respondents (Mountain) 20

Table 4-4 Substance Abuse Problem Assessment (Mountain)................................. 21

Table 4-5 Issues in Client's Background (Mountain).. 22

Table 4-6 Behavior When Drinking (Mountain)... 22

Table 4-7 Adjectives Describing Emotions in Program (Mountain)........................... 23

Table 4-8 Behaviors/Attitudes Expressed by Inmates (Mountain).......................... 23

Table 4-9 Session Ratings (Mountain).. 25

Table 4-10 Effects of Program on Client (Mountain)... 28

Table 5-1 William Head Institution Pre-Treatment Program Curriculum Topics and Schedule 37

Table 5-2 Characteristics of Inmate Respondents (William Head) 41

Table 5-3 Alcohol-Related Issues (William Head) 41

Table 5-4 Issues in Client's Background (William Head)....................................... 42

Table 5-5 Behaviors/Attitudes Expressed by Inmates (William Head)..................... 42

Table 5-6 Adjectives Describing Emotions in Program (William Head)................... 43

Table 5-7 Session Ratings (William Head)... 44

Table 5-8 Effects of Program on Client (William Head)...................................... 46

1.0 INTRODUCTION

The Native Inmate Substance Abuse Pre-Treatment Project was a one year research and development demonstration project, managed and sponsored by the National Native Association of Treatment Directors, and jointly funded by the Ministry of Solicitor General, (Secretariate Branch and Correctional Services Branch) and Canada Health and Welfare, National Native Alcohol and Drug Programs (NNADAP).

The project was launched in response to an awareness of the seriousness of alcohol problems among the native offender. However, few federal and even fewer provincial correctional institutions have appropriate culturally-based substance abuse treatment programs for the native inmate. Native offenders may be referred to a native residential treatment centre upon release but this is not always effective. Offenders referred to substance abuse treatment by the correctional institution may view treatment as "easy time" and are not prepared or willing to deal with substance abuse issues. Many correctional institutions often know little about the treatment facility and its program and vice versa treatment centres know little about the institution and the native offender. An understanding of each other's system and programs could facilitate better communication and better referral of offenders for treatment. Key to more successful, effective referral of native offenders is better preparation of the inmate for treatment – to break down the barriers of denial and "toughness" that are interfering with the offender adapting to the residential treatment environment.

The native offender substance abuse pre-treatment project was implemented:

1. to research and develop a native pre-treatment program model and manual for implementation in correctional institutions.
2. to develop treatment centre guidelines for treating the native offender.
3. to field test and evaluate the native pre-treatment program model and manual.
4. to develop a public relations brochure on the treatment program model and manual.

This document will serve to describe the field testing of the "program model" in two federal correctional institutions: Mountain Federal Penitentiary in Agassiz, B.C., and William Head Federal Penitentiary in Sooke, B.C. Brief summaries will be provided on the initial literature research phase of the project, the development of the curriculum manual and the community research phase. A final summary and conclusion on the services of the whole project to accomplish its objectives will be provided. Recommendations for the development and implementation of Inmate Pre-Treatment Programs are also offered.

2.0 OVERVIEW: THE PROJECT OBJECTIVES AND TASKS

The project was organized into four phases as follows:

Phase I: Research and Development

1. Consultations with directors and counsellors at native substance abuse treatment centres to identify their perception of the relevant parameters of an offender pre-treatment programs, and factors that influence its operation and eventual success.
2. Consultations with correctional staff from federal institutions to identify their perception of the relevant parameters of an offenders pre-treatment programs, and factors that influence its operation and eventual success.

3. Consultations with inmates to determine their needs for a pre-treatment substance abuse program and how the program could be developed to meet these needs.

4. Review of existing substance abuse programs operating in Canadian and American institutions.

5. A comprehensive research report presenting the program review data and making recommendations for program development.

6. Specification of treatment guidelines on the native offender for use by treatment centres.

7. Draft preparation of a program model and curriculum to be pilot tested with male offenders at two federal institutions.

8. Draft preparation of program monitoring and evaluation tools to be used to gather information on the two pilot-test programs and to be pilot-tested themselves in terms of their use for evaluation of the finalized program model.

Phase II: Pilot Testing of Program Model

1. Identify appropriate federal institution sites for pilot testing and arrange for program implementation – dates and participants, method of selection.

2. Conduct a training workshop on the program model with treatment centre staff (from the centres likely to receive inmates).

3. Conduct a training/orientation workshop with correctional staff and potential inmates participants at the two pilot test sites.

4. Conduct the 8 week Pre-Treatment Program at the two test sites.

5. Collect data on program operation, inmate participation and outcome at the two test sites.

Phase III: Program Final Development

1. Revise program model and curriculum materials based on pilot test experiences.

2. Revise treatment centre guidelines on native offenders for use by substance abuse native treatment centres.

3. Revise monitoring and evaluation tools for finalized program model.

Phase IV: Community Research

1. Research the opinions of native community professionals and people at large on the barriers and need for services facing native offenders when they return home to a reserve community.

2. Research the opinions of native inmates on the barriers and need for services facing them when they return home to a reserve community.

3. Prepare recommendations for community based treatment and support for the native offenders.

3.0 A SUMMARY: [1] LITERATURE RESEARCH AND PROGRAM DEVELOPMENT RECOMMENDATIONS

Existing substance abuse treatment programs and services that are available within the federal correctional institutions are limited in number, and are often not appropriate for native offenders. Therefore, this project sought to develop a pre-treatment program which was based upon current treatment processes, federal institution parameters, and the needs of Native federal offenders.

Research was conducted through use of written questionnaires, personal consultations, and review of the literature. In order to obtain a representative sampling of existing substance abuse treatment services and programs in federal correctional institutions, information was sought from federal, provincial, and state institutions located within Canada and the United States. A total of 141 questionnaires were sent out. The purpose of the questionnaire was not to evaluate or review policies and services but rather to gather information which would identify existing programs/services, needs and parameters for program delivery, and issues or concerns related to the development of a program of this nature. The response to the written questionnaire was approximately 53 percent.

Another questionnaire was sent to 50 Native Treatment Centres across Canada. The purpose of the questionnaire was to collect information with respect to the treatment needs of Native offenders, criteria for admission to treatment centres, limitations in offering treatment services, and the factors/issues related to pre-treatment. The total number of completed questionnaires was 18 or approximately a 25% return.

Approximately thirty consultations were conducted by the Project Team. Consultations were conducted throughout the lower mainland of British Columbia and Vancouver Island with individuals or organizations such as Federal Correctional Institutions, Parole Offices, National Parole Board (Pacific Region), native communities and agencies, affiliated Federal and Provincial correctional/justice services, native offenders currently incarcerated, and ex-offenders.

In reviewing the literature, the primary sources for information were obtained through libraries at the Ministry of the Solicitor General of Canada, Pacific Region and the Northern Justice Institute at Simon Fraser University in B.C. Additional literature was collected by individual team members through their contacts with related correctional and treatment services.

Existing Programs

The correctional institutions which were surveyed varied in their security levels, ranging from maximum, medium, minimum, to work release camps. Most institutions appear to provide several levels of security although one level may be more prominent.

The type or degree of substance abuse programs offered at these institutions did not appear to be dependent upon security levels. The majority of programs/services offered were most notably group therapy, educational sessions, and self-help groups such as Alcoholics Anonymous and Narcotics Anonymous.

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[1] This summary of the research results contains verbatim and paraphrased sections from the report written by M. Krawll. Native Inmate Pre-Treatment Substance Project: Research Report. September 1990.

Self help groups appear to be the service of choice for substance abuse. In Canada 33 out of 34 institutions conduct Alcoholics Anonymous (AA) groups,and 23 out of 34 conduct Narcotics Anonymous groups. Educational information sessions and life skills are indicated to be another popular method of service delivery. In Canada, educational information sessions were being offered at 27 of the institutions, while life skills courses were offered at 24 institutions. In the U.S.A., 33 out of 41 institutions conducted educational information sessions, while 25 provided life skills courses. Although group therapy is offered at 23 Canadian institutions and 29 American institutions, it is difficult to determine what is the focus or function of this type of therapy.

Feedback from the institutions suggests all components of treatment services/activities are emphasized in these programs with the exception of nutrition. Also, while native spirituality received less emphasis than other components, it was emphasized or incorporated *more* within Canadian institutions than United States institutions.

In Canada, family dynamics, leisure, anger management, and employment/career counselling were reported less frequently as being incorporated into the overall program focus. Of 34 Canadian institutions surveyed, 31 focused their substance abuse program on information about dependency/addictions, 27 on self-esteem, and 26 on communication skills.

Treatment programs aimed at substance abuse usually seek to engage clients who are self-motivated and committed to a recovery process. Although this selection process is based primarily on self-referral, a limited number of institutions also included court commitment and referral by staff, commitment to remain drug free during treatment, and acceptability two years prior to parole with no new charges while incarcerated within the last six months.

Those responsible for the delivery of respective alcohol and drug programs in the institutions varied from professional mental health staff to chaplains, teachers, chemical dependency counsellors, Native/liaison workers, volunteers and recovering individuals.

Goals and objectives of existing substance abuse treatment programs within the correctional setting, tend to be somewhat similar to each other.

The Native Inmate Offender Project, known as "Breaking The Cycle" (1986) was designed to help inmates achieve a basic understanding about the problems associated with substance abuse, including the role that alcohol, in particular, plays in native peoples' conflict with the criminal justice system. The program objectives strived to create a balance between the different qualities represented in the four directions: mental, physical, emotional and spiritual.

A similar alcohol and drug treatment program conducted at Mission Institution through Jackson-Murray Consultants (1983), was developed to assist inmates in developing an alternative lifestyle free from alcohol and drug use. In order to achieve their goal, the program initiated three primary objectives consisting of: (1) a therapeutic community to foster group cohesiveness and social interaction; (2) small group involvement to encourage trust and communication; and (3) one-to-one counselling to further assist the inmate in acquiring insight and a better understanding of their problem(s).

Both programs served to promote a re-education process whereby people could begin to develop a healthy lifestyle, based upon learning and re-learning positive attitudes and behaviour. The goal and objectives for each of these programs reflected the continuum of care approach, whereby treatment is seen as a life-long journey.

Needs of Inmates

Consultations with substance abuse and justice system professionals indicated common themes about the needs of the native inmate.

The current population of Native inmates is seen as extremely diverse culturally, economically, and educationally. Thus, in the development of a pre-treatment program it was emphasized these differences must be addressed.

Respondents were asked to identify characteristics of offenders which affect their degree of success in any treatment program. From the perspective of treatment centre staff, the following were identifiable characteristics of offenders:

- expressed fear and misunderstanding about alcohol/drug abuse
- institutionalized behaviour
- manipulative
- untrusting/low levels of trust
- engaged in denial
- unmotivated and apathetic
- look on treatment as doing "easy" time
- know all the rules and keeps in line
- interested in doing "little" paperwork
- resistant/reluctant
- not ready
- court ordered – not voluntary therefore not invested in changing
- having "attitude" problems
- distracted by opposite sex
- dually addicted
- disruptive
- lack of understanding about own addictions
- coming in only to get sober – not to recover

Some of the responses reflect another set of characteristics which an offender may possess; those inmates who are ready and willing to take risks; and those who may be hindered by their institutionalization. Some inmates remain a "model" prisoner, maintaining themselves in an emotional state of compliance while never allowing himself/herself to experience their innermost emotions – emotions which are necessary to effect change. The question then perhaps is how or when does one determine when an offender is "ready" to enter treatment. In other words, what characteristics determine "readiness."

Questions about the treatment needs of the inmate generated concern about developing appropriate socialization skills for re-integration back into their community. Specific areas of need included:

- emphasis on communication and culture
- reality-based life skills (i.e., reserve versus urban)
- issues of institutionalization
- understanding of dysfunctional family systems
- skill development in preparing release plans
- knowledge and understanding of justice system (i.e., parole)

In order to adequately meet these needs, respondents recommended that the program design be holistic in its approach, and that there be a greater opportunity for family and community involvement. It was further suggested there be increased opportunities for individual counselling and intensive treatment programs within the institutional setting, and that these programs be native directed, and staffed with native personnel.

Needs Within the Justice System

Need within the justice system pointed overwhelmingly towards education and training. It was revealed that specific training in the areas of cross-cultural awareness, addictions, and the treatment process was imperative to the future development and delivery of programs aimed at rehabilitation. Increased opportunities for building trust and openness would further help the justice system more effectively design these programs. In order to provide these opportunities, the system needs to foster, emphasize and support a "team" approach, as well as provide an avenue for examining staff attitudes towards inmates, colleagues, and the system. Knowledge of existing community services, and appropriateness of conducting community assessments were identified as needs for the National Parole Board and parole offices, respectively.

Needs Within Native Communities

Increased understanding and involvement of communities in the whole process was emphasized as an important area of concern. Communities were seen as needing to gain both a greater understanding about alcohol and drug abuse as a symptom of a larger problem and, to identify the difference and importance of family treatment versus individual treatment, in order to promote the development of and a commitment to healthier living.

For a community which chooses to become involved with an offender, the commitment must begin during his/her incarceration. The community, like the offender, will need to learn and re-learn their native ways, especially as they relate to expectations, intervention and diversion. By acknowledging their expectations the community can make preparations for re-involving the offender back into the community as opposed to isolating them. The communities' willingness to become involved will be dependent upon the degree to which the justice system makes the inmate accessible to the community. In addition, efforts to demystify the justice system will likely increase the level of willingness by community members to become involved.

The Needs Of The Treatment Centres

The treatment centre staff indicated that information about the justice system and the individuals coming into the system was necessary to enable provision of treatment opportunities to this population. Information specific to policies and procedures of federal institutions and parole, in conjunction with training in the area of criminal thinking and behaviour patterning, would assist staff in working more effectively.

Opportunities for communication between the parole officer and treatment centre staff, including thorough assessment of the offender prior to coming into treatment, is critical to contributing to the success of the treatment program. Through this process there is an opportunity for gaining greater understanding about the dynamics of re-entry and the difficulties of re-adjustment for the offender. With this understanding staff are better able to identify an appropriate individualized treatment plan.

Responses indicate a strong need for a closer working relationship between the federal institutions and the treatment centres. Specific suggestions include:

- the need to highlight differences between penal institution and treatment centre;
- maintaining contact between client and parole officers during treatment;
- preparing inmates for treatment prior to leaving institution;
- providing greater opportunities for de-institutionalization;
- conducting assessments specific to treatment;

- providing opportunities for contact between the prison CMO (case management officer) and treatment centre staff;
- correctional staff needing to learn more about alcoholism/addictions and the purpose and prognosis of treatment;
- institutions communicating and clarifying their policies and procedures to the public;
- creating a co-funding mechanism between the Solicitor General and NNADAP to provide treatment specific to native offenders;
- corrections more openly sharing information;
- corrections sponsoring workshops and projects aimed at enhancing the relationship to outside resources.

Suggested Programming Within Justice System

The emphasis for future programming within the justice system involves committing to a continuum of care approach. This approach would include existing programs and the incorporation of treatment, specific to the needs of current population. (Of primary concern to date is treatment services for sex offenders.) Recommendations for the justice system are:

- training for all justice system staff focused on cross-cultural issues and treatment information.

- the implementation of a workable "tracking" system which would enable institutions to know how an inmate is doing, and to ensure that lines of communication would be opened between those agencies working with the offender.

- to increase native staffing in all aspects of the justice system; and to increase the involvement of native communities and families in taking more of a role in pre-trial and sentencing structure.

- to address the needs of various security levels in all aspect of programming. For example, due to two separate populations at the maximum institutions, programming must be duplicated which increases financial and staffing needs.

- that the National Parole Board needs to become more knowledgeable about existing community services; and to participate wherever possible in the developmental phase of programming and treatment services in order to assess the inmate's readiness for release.

- the need for Parole officers to have an opportunity or avenue to work more closely with communities in order to develop more knowledge and skills in conducting community assessments in native communities.

- to not make participation in a pre-treatment program a condition of parole.

- to consider the needs of incarcerated women.

Suggested Programming With Treatment Centres

Recommendations for treatment centres are:

- to develop and clarify coordination between pre-treatment and treatment services.

- to work with justice staff in designing programs specific to addictions and treatment. There is a need for treatment services and support services in the institutions.

- for treatment centre staff to gain more information about the justice system; and to acquire sensitivity as to what offender's have experienced as a result of incarceration.
- to provide inmates with an opportunity to de-institutionalize prior to entering treatment.
- for treatment centres to examine their programs to ensure that they are meeting offender needs rather than offenders needing to "fit" into the program; and to ensure the offender is treated "equally" in treatment.
- to develop and deliver training and awareness programs, focused on treatment, addictions, and recovery, to communities and justice system.

Suggested Programming for Inmates

Recommendations/issues for inmates are as follows:

- Increase opportunity for independence and responsibility by involving the inmate population at the earliest onset of the consultation process for developing programs. Provide an opportunity to participate in making decisions pertinent to the needs of the inmates, by assisting in writing proposals and screening potential instructors/facilitators. False hopes are often built by piloting programs; having outsiders come into the institution making promises, yet never to be seen again.
- There is concern about the history of Corrections in providing programs which often take full control from both staff and inmates. New programs need to compliment existing programs accepted by offenders. Too often Corrections will cut one program to save another.
- Increase community involvement.
- Provide more opportunities for offenders to contribute to the "outside" community by sharing their knowledge or experience with others (i.e., peer counsellor or specialized resource person).
- Provide treatment services and related programs "inside" and "outside" with an increased opportunity for intensive treatment "inside". Focus on an "holistic" continuum of care approach.
- Increase native staff and programs which are native directed and conducted.
- There is concern that the National Parole Board (NPB) will see a substance abuse pre-treatment program as a condition for parole; that they lack an understanding of existing programs and how they relate to recovery; and that there is inadequate preparation for parole hearings.
- Address "practiced" discrimination among some staff, and the lack of understanding by others with respect to native culture.
- There is concern about the lack of services to maximum security institutions and young offenders.

Recommended Model (Focus and Components) of A Pre-Treatment Program

Based upon the findings of this preliminary research, it is recommended the pre-treatment program model for native offenders should be designed to take into consideration the needs and mandates of both the participants and sponsor groups. The program model suggested is one which is based upon the synthesis of the Popular Education Method and Social Learning Theory. This program model provides the opportunity to integrate culturally relevant content, and total involvement of the participant. It also places an emphasis on the development of a continuum of care model which includes a network involving the native offender, his/her family members, the institutional staff, the NPB, parole supervisors, Elders, treatment team and the community as identified by the offender.

The pre-treatment program needs to require the commitment of the native offender. It is recommended, it involve:

- Eight weeks of intensive treatment and educational activities.
- Development of a four year continuum of care plan that includes family members of the community and a supportive chemical free network.
- An understanding of alcoholism/drug abuse as a disease that is treatable through sobriety and education.
- The opportunity for one-to-one counselling with a skillful pre-treatment counsellor.
- The opportunity to recognize and to work on changing destructive life patterns.

The pre-treatment program is presented as a holistic approach, and should attempt to compliment any programs which are currently conducted within the institution.

The primary focus of pre-treatment is to prepare the individual for treatment by providing the opportunity to begin exploration of some specific areas:

- building trust relationships
- changing attitudes which are a barrier to recovery
- resolving personal grief and anger issues
- understanding of native traditions, values, and brotherhood
- self-esteem
- understanding of positive and creative (spiritual) energy to work through recovery
- basic addiction knowledge
- denial
- assessment and aftercare
- group process
- building awareness
- health and recreation
- overview of treatment program and process
- family re-entry
- probation/parole issues
- employment and education
- counselling
- life skills

Components of a pre-treatment program should include a focus on:

1. Institutionalization: To assess the impact of institutionalization upon an individual, one might ask, how does incarceration impact upon their relationships and opportunity for treatment on the outside? To address institutionalization it would be important to identify barriers to treatment, such as the masking of feelings in order to survive in the inmate community. It is important also to explore low levels of trust exhibited by most inmates, and potential intimidation brought on by inmates who feel that participants in this program are receiving "special" treatment.

2. Community Re-Entry: This component of treatment involves examining the relationship of the offender to his or her community. It is important to emphasize responsibility and control. Also, it is important to explore how they "externalize" their behaviour; and how they see themselves linked to their community. The program should provide opportunity for family involvement as part of program activities.

3. Education Versus Skill Development: This component of treatment would emphasize education and skill development, and put less emphasis on actual "feelings". Focusing on "feelings" can open wounds which cannot be immediately addressed due to lack of appropriate services within the correctional system for follow-up. There is a need to focus on developing skills in dealing with abstinence and recovery, and in gaining an understanding about what will need to happen in order to "heal".

4. Recognition Versus Acceptance: The participant must be assisted in moving from "recognition" of substance abuse problem to "acceptance" of the problem. "Denial" as it relates to addictions must be examined.

5. Recovery Process: In the recovery process the participant must be assisted in learning that recovery is a life-long process and that treatment is not a cure all. Alternatives must be explored with respect to how to deal with day-to-day living.

6. Native Culture: The program must include an opportunity to learn and re-learn culture and traditions, and to develop native spirituality in ways which fit the individual in balancing their life. An elder component should be identified.

Length of program can vary greatly. According to both the consultations and literature, similar programs range in length from 6 to 15 weeks, 2 to 5 times per week, 2 to 8 hours per day – combining education and skill development, with individual counselling where appropriate.

Criteria for inmate participant selection should be primarily based upon self-identification and motivation. Restricting participation to staff selection may interfere with the individual's degree of participation. However, voluntary participation may be in conflict with the mandate of corrections which states that the institution is responsible for ensuring participation in programs in order to assist the inmate in making a transition from a criminal to becoming a law abiding citizen.

Suggested criteria for selection were as follows:
- self-motivated/voluntary participation
- native ancestry
- identified alcohol or drug problem
- release potential
- commitment to recovery
- recommendation by case management officer (CMO)

There are differing opinions concerning the criteria for acceptance of offenders to treatment centre programs. Criteria ranges from the inmate having completed sentence and parole, to that of admitting the inmate straight from the institution.

General criteria suggests, however, that the inmate should have an opportunity to experience life on the "outside" prior to engaging in a treatment centre program. Offenders must be able to demonstrate "trust", by providing them with an opportunity to be tested and observed while on the "outside".

The expressed need for the justice system to make a commitment to a therapeutic system as opposed to a punishment system requires a "bridging" mechanism whereby the institution, treatment centre and community maintain a consistent flow of information.

In exploring an opportunity to engage in this type of activity consideration must be given to particular logistical issues as follows:

- support services both "inside" and "out" for inmates in order to ensure a continuum of care;
- simplify clearance forms for visitors;
- financial assistance to family for distant traveling to participate in the program, or finances to cover phone calls;
- institutional approval for program telephone calls and visits separate from those allotted to inmate;
- institutional approval for work release where necessary for inmate participation in program;
- space and equipment needed for full time program;
- explore the role of institutional and treatment staff with respect to time constraints and existing caseloads;
- require parole to become involved in developing a continuum of care plan;
- development and delivery of orientation/awareness programs focused on issues of treatment, addictions, and recovery.

It is essential to maintain confidentiality of client information while also developing accurate client monitoring and follow-up systems. One must also develop an appropriate form for information exchange between the institution and treatment centre on offenders who have entered treatment.

A final component of a pre-treatment program is training for treatment centre staff from centres who will receive or work with the native inmate.

Training for treatment centre staff should include skill development in working "generically" in a sense with all people, and in so doing, explore their own attitudes in working with offenders. There is a need to emphasize understanding the "system" whether it be familial, corrections, work, etc. Staff may need to lower their level of expected success for working initially with offenders, but not to lower their overall level of expectations for inmates.

Treatment centre staff must also be able to provide information on the justice system and on criminality as it relates to addictions. Opportunity to learn about the justice system can be provided through those most closely linked (i.e., staff, families, ex-offenders).

4.0 REVIEW OF MOUNTAIN INSTITUTION PRE-TREATMENT PROGRAM

4.1 The Orientation Workshops

A critical component of the recommended pre-treatment program was to promote better communication between the institutions, where native offenders are incarcerated, and the alcohol and drug treatment centres; especially to improve the level of knowledge and understanding by staff in institutions and treatment centres about the needs of native inmates and what pre-treatment can accomplish.

Subsequently orientation meetings for the Mountain Institution Native Offender Pre-Treatment Program were held at the Mountain Institution May 7-8, 1990 and at Round Lake Treatment Centre on May 9, 1990.

The Mountain Institution orientation workshop was attended by:

- Project Liaison Case Management Officer (CMO)
- National Parole Board representative
- a RCMP Special Constable
- Native Courtworker Program representative
- Sto:lo Nation tribal representative
- a AIMS staff person
- a Community Advisory Council representative
- a Mountain Institution guard

The project researcher conducted a presentation on the focus and components of a pre-treatment type program .

A lengthy presentation was conducted on substance addiction and a continuum of care model of treatment. Questions and concerns were expressed by those in attendance. These issues are summarized as follows:

1. Concern was expressed about the demands the program will have on already overworked CMOs and parole officers.

2. A discussion emerged about the use of criminal history background information on inmates participating in the pre-treatment program. Institution staff were adamant that a counsellor was not likely to be able to work effectively with an inmate if she did not know the criminal history of the inmate. It was finally agreed this information would be provided to the counsellor.

3. Concern was expressed about confidentiality and the sharing of information on inmates between the counsellor and the institution. Parole officers and institution staff stated they had severe problems with any idea that information on inmates actions in group would be withheld from the case management officer. While there was considerable discussion on this topic and it seemed to be resolved, there were no clearly defined policies and procedures established.

4. Frustration was expressed over the lack of a written program manual.

The orientation workshop concluded with some degree of new learning and communication among the participants but also uncertainty about the role of the various representatives, both at the workshop and in the future with the forthcoming program.

The Round Lake Treatment Centre orientation meeting was attended by the Executive Director of the centre and most of the counselling staff.

Concerns and issues raised were as follows:

1. What was presented appeared too much like treatment as opposed to pre-treatment.
2. Pre-treatment should focus on recovery skills as well as abstinence.
3. A pre-treatment program should include workshops on substance abuse for institutional staff.
4. The program content should include sessions on
   - trust building
   - identifying the inmates barriers to treatment
   - the "institutionalization" of the inmate
   - developing skills in group work dynamics
   - denial
5. More should be known about the background of inmates prior to involvement in treatment.
6. Inmates should complete their sentence prior to involvement in treatment otherwise they will view treatment as part of the incarceration system. Inmates need to accept the program for themselves regardless of how it is used by the system.

The orientation workshop at Round Lake concluded with a general feeling that further revisions and development was needed on the pre-treatment program model and the curriculum activities – that the existing draft model was not adequate.

4.2 The Program Format and Curriculum

At Mountain Institution in Agassiz, B.C., the Pre-Treatment Program was offered to inmates as a culturally based eight week program, operating 8:30-4:00 Monday to Friday. The focus of the program was to break down the barriers of "denial" and "toughness" that stand in the way of the native offender to seek treatment and recovery from substance abusing. The program was facilitated by a qualified substance abuse native counsellor with 10 years of experience. The first session began June 25th and ended August 18th with a graduation ceremony.

The daily curriculum topics for the eight weeks are listed in Table 4-1.

4.3 Program Operational Issues

The program at Mountain operated smoothly and without too much disruption. Participants for the most part volunteered for the program. Group building was not difficult because most of the men had participated in other group experiences with each other (i.e., life skills training, AA, Native Brotherhood). The group, as a whole established the group rules which were to be 1) no coming to group while under the influence, 2) no profanity, 3) participants must attend full time, 4) smudge once a week, 5) prayer every morning.

The counsellor was able to earn the trust of the inmates quite quickly and this greatly facilitated the success of the "touching/feeling" exercises. Table 4-2 provides a record of some of the "key incidences" as participants came to terms with their addiction and underwent a process of self-disclosure and recovery.

TABLE 4-1
Mountain Institution Program Curriculum Topics and Schedule

WEEK ONE	
Day One (6/25):	Morning Prayer
	Introductions and Orientation
	Lecture: Co-dependency – Definition, Denial, etc.
	Setting of Group Rules
	Talking Circle
	Serenity Prayer
Day Two (6/26):	Morning Prayer
	Discussion: Co-dependency continued
	Lecture: Canadian Native Indian History
	Serenity Prayer
Day Three (6/27):	Morning Prayer
	Group Exercise: Verbal Reinforcement
	Talking Circle
	Lecture: Impact of Hudson's Bay Company on Canadian Native History
	Talking Circle
	Serenity Prayer
Day Four (6/28):	Morning Prayer
	Lecture: Co-dependency – Dysfunctional Behaviors
	Lecture: Iceberg Concept of Co-alcoholism
	Talking Circle
	Serenity Prayer
Day Five (6/29):	Morning Prayer
	Producing a 'Family Tree'
	Talking Circle
	Exercise: Touching/Feeling
	Serenity Prayer

WEEK TWO	
Day One (7/2):	No Record – Holiday
Day Two (7/3):	Smudge
	Morning Prayer
	Talking Circle
	Lecture: Alcoholism in a Physiological Context
	Serenity Prayer
Day Three (7/4):	[Counsellor Illness]
	Sweat
Day Four (7/5):	[Counsellor Illness]
	Individual Family Tree Work
Day Five (7/6):	[Counsellor Illness]
	Individual Family Tree Work

WEEK THREE	
Day One (7/9):	Morning Prayer/Handshake
	Talking Circle
	Discussion: One Group Member's Family Tree
	Serenity Prayer
Day Two (7/10):	No Record
Day Three (7/11):	Morning Prayer
	Documentation of Release Dates and Offender Status
	Advice to First Timers by Repeaters
	Serenity Prayer
Day Four (7/12):	Morning Prayer
	Talking Circle
	Serenity Prayer
Day Five (7/13):	Morning Prayer
	Talking Circle
	Lecture/Discussion: Grief and the Grieving Process
	Serenity Prayer

TABLE 4-1 continued
Mountain Institution Program Curriculum Topics and Schedule

WEEK FOUR	
Day One (7/16):	Smudge Morning Prayer Lecture: Hints on Speaking of One's Issues Talking Circle Serenity Prayer
Day Two (7/17):	Morning Prayer Lecture: What/How Culture is Defined Role Play Serenity Prayer
Day Three (7/18):	No Record
Day Four (7/19):	Morning Prayer Talking Circle Lecture: Cycles/Patterns Lecture: Intervention Presentation of A Member's Family Tree Serenity Prayer
Day Five (7/20):	No Record

WEEK FIVE	
Day One (7/23):	Smudge Morning Prayer Talking Circle Intro of Book: *Healing the Shame that Binds You* Serenity Prayer
Day Two (7/24):	Morning Prayer Talking Circle Talking Circle Serenity Prayer

WEEK FIVE CONTINUED	
Day Three (7/25):	Morning Prayer Lecture: Victim Anger Lecture: Powerlessness vs. Empowerment Talking Circle Serenity Prayer
Day Four (7/26):	Morning Prayer Exercise/Discussion: Listening/Hearing Talking Circle Serenity Prayer
Day Five (7/27):	Morning Prayer Talking Circle Lecture/Role Play/Questions: Parole Decisions Serenity Prayer

WEEK SIX	
Day One (7/30):	Smudge Morning Prayer Lecture: The Power of Positive Thinking Talking Circle Serenity Prayer
Day Two (7/31):	Morning Prayer Exercises: Stretching and Relaxation Talking Circle Serenity Prayer Discussion: Program Completion Day

TABLE 4-1 continued (2)
Mountain Institution Program Curriculum Topics and Schedule

WEEK SIX CONTINUED	
Day Three (8/1):	Morning Prayer Exercises: Deep Relaxation Lecture: Initiating and Maintaining Ongoing Personal Recovery Programs Serenity Prayer Talking Circle
Day Four (8/2):	No Record
Day Five (8/3):	No Record

WEEK SEVEN	
Day One (8/6):	No Record – Holiday
Day Two (8/7):	Smudge Morning Prayer Talking Circle Audio Presentation/Discussion: Sexuality and Alcoholism Serenity Prayer
Day Three (8/8):	Morning Prayer Audio Presentation/Discussion: Sexuality and Alcoholism continued Lecture: AIDS Serenity Prayer
Day Four (8/9):	Morning Prayer Lecture/Discussion: Nutrition and Alcoholism Evaluations Serenity Prayer
Day Five (8/10):	No Record

WEEK EIGHT	
(8/13-8/17):	No Daily Record Talking Circle, Volleyball, A.C.O.A. Issues, Round Lake Treatment Centre Presentation, Evaluations, Completion Day (8/17)

TABLE 4-2
Mountain Institution Program Counsellor Critical Incidence Report on Daily Activities

WEEK ONE	
Day One (6/25):	Start of program. Nine inmates showed. No one sure about what was to happen. In a.m., introductions and orientation. In p.m., group rules were set: no use of substances, no profanity, daily prayer, smudge once a week. One participant dropped by 11:00 a.m.
Day Two (6/26):	Two new participants. Some inmates eager to talk about personal grief issues.
Day Three (6/27):	Group 'touching/feeling' exercises difficult for some participants.
Day Four (6/28):	Positive but uneventful. Attended 'Brotherhood' meeting.
Day Five (6/29):	Participants gave opinion of course to this point. Majority feel it shows potential and are satisfied.
WEEK TWO	
Day One (7/2):	No Record – Holiday
Day Two (7/3):	Men intrigued with factual information on drinking. Plan a lecture on physiological effects of marijuana.
Day Three (7/4):	Counsellor ill. Group sweat.
Day Four (7/5):	Counsellor ill. Group worked "diligently" on family trees under supervision of substitute.
Day Five (7/6):	Counsellor ill. Group continued working on family trees in her absence.
WEEK THREE	
Day One (7/9):	One member spoke of incestuous event to the group, who proved to be quite helpful. Another member later spoke of his own crime – the first time he had discussed it openly and admitted responsibility.
Day Two (7/10):	No Record
WEEK THREE CONTINUED	
Day Three (7/11):	Repeat offenders gave advice on substance abuse and changing destructive habits to first timers.
Day Four (7/12):	Group and individual frustrations aired in Talking Circle; worked through by the group in the afternoon.
Day Five (7/13):	Group discussed a member's absence the previous day, and voted to withhold his pay for the day.
WEEK FOUR	
Day One (7/16):	Frustrations aired about pay, but it was discovered that the program was not responsible for the discrepancies.
Day Two (7/17):	Some members showed themselves to be surprisingly knowledgeable about other cultures. Had role play about situations which could be encountered on the 'outside'.
Day Three (7/18):	No Record
Day Four (7/19):	Group confrontation on tardiness.
Day Five (7/20):	No Record
WEEK FIVE	
Day One (7/23):	Some personal issues of group members were dealt with.
Day Two (7/24):	One group participant, disappointed about his parole application, was confronted by the group about his unrealistic expectations. This resulted in his departure and his request to be transferred out of the group. Another member left to 'look after' the first member.
Day Three (7/25):	The departed member showed up at group, worried about his continuing membership. Fortunately, his transfer application had been delayed, and he was still a full-fledged member. The member continued through the session, and made a significant contribution.

TABLE 4-2 continued
Mountain Institution Program Counsellor Critical Incidence Report on Daily Activities

WEEK FIVE CONTINUED	
Day Four (7/26):	Touching (hands on shoulders) during an exercise caused introspection. Members felt "good, different, awkward."
Day Five (7/27):	One member, as a result of the lecture on parole decisions, displayed anger toward 'the system', and vented this anger on another member. This action caused group victimization, and the attacking member left early.
WEEK SIX	
Day One (7/30):	Lecture on positive thinking prompted group members to identify behaviors in each of four categories (mental, emotional, spiritual, physical) that would promote positive thinking, feeling and behavior.
Day Two (7/31):	Start of morning exercise program. Group members enjoyed facilitating stretching exercises.
Day Three (8/1):	All enjoyed deep relaxation exercises in gym.
Day Four (8/2):	No Record
Day Five (8/3):	No Record
WEEK SEVEN	
Day One (8/6):	No Record – Holiday
Day Two (8/7):	Group surprisingly shy and resistant to discussion on "Sexuality and Alcoholism" presentation.
Day Three (8/8):	Personal issues of group members discussed.
Day Four (8/9):	Began course evaluations. Good review exercise.
Day Five (8/10):	No Record
WEEK EIGHT	
(8/13-8/17):	No Daily Record

The first week of the program was productive as the counsellor and inmates established a relationship and began to explore issues. The "rules of conduct" for inmates while in the program were set. The second week of the program was uneventful as the counsellor was ill for three days and the inmates worked by themselves. By the third week, the deeper feelings and emotions of the inmates began to emerge – sometimes in positive ways, sometimes in negative ways. During week four, barriers, denial and frustration began to emerge again as issues and feelings were confronted and disclosed (a product of the presentations, group discussions and group exercises). By week five, most of the inmates were addressing deep personal issues of grief, anger and pain. One member decided to "leave" from the group but returned the next day. During week six the counsellor began to try to move the inmates out of the negativism, blaming and destructiveness of the feelings and issues that surfaced in week five, focusing on positive thinking, solutions and life changes. This philosophy and atmosphere carried on into weeks seven and eight as issues relevant to each inmate were confronted and explored. This process culminated with the graduation ceremony in which each participant spoke a testimonial on what they had learned and how they felt about their counsellor.

The relationship between the project counsellor, researcher and coordinator and Mountain Institution staff was reported by the institution people as good, once initial communication confusions were addressed. Because a written program manual was not available at the start of the program, corrections staff and other community representatives (from National Parole Board, RCMP Special Constables, Native Courtworkers, Community Advisory Council and Sto:lo Nation, AIMS) were somewhat confused and frustrated about what the Pre-Treatment Program was all about. There was also some concern expressed about confidentiality and what information the treatment counsellor was obligated to report to the institution.

However, much of this confusion was cleared up to the satisfaction of everyone at a workshop at Mountain Institution on May 7-8th.

At the start of the group sessions confusion did exist about the schedule for participants over the following eight weeks of programming. The counsellor and CMO (case management officer) assigned to the project however quickly established good communication and a program schedule was established.

This schedule was partially disrupted the second week when the counsellor became seriously ill and was hospitalized for three days. However, the schedule resumed as planned by the third week and the program continued without disruption to its conclusion.

4.4 Characteristics of Participating Inmates

Tables 4-3, 4-4,4-5 and 4-6 provide some information on the 10 participants [2] in the Mountain Institution group. All were male and native. Average age was 35.4 years. None of these persons completed high school, although one person had received his GED.

Problems with alcohol were clearly evident in the background of these inmates. Average age when started drinking was 11.3 years. By 16.8 years of age (on average) drinking was a problem, with most of them having had a problem with alcohol for 11.7 years. For most of them, prior to institutionalization, their drinking level was more than 7 drinks 2-3 days a week.

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[2] In most cases, data was available on only 9 of the 10 participants.

ce institutionalization, two inmates report they are still drinking; 4 inmates report some drug

Table 4-5 reports the negative conditions in the background of these inmates. The most notable conditions present for most of these inmates were:

- raised in alcoholic home (87.5%)
- father was neglectful/absent (87.5%)
- unnatural deaths of close family members (87.5%)
- mother was neglectful/absent (75.0%)
- victim of physical abuse (62.5%)
- victim of sexual abuse (62.5%)

Six inmates (75.0%) report having attempted suicide; 5 inmates have sexually abused someone; 6 (75.0%) report lots of anxiousness.

TABLE 4-3

Characteristics of Inmate Respondents (Mountain: N=10)

		PERCENT *	N
Average Age	35.4 years		
Sex			
male		100.0	10
female		0.0	0
Marital Status			
single		30.0	3
married		10.0	1
common-law		10.0	1
separated		10.0	1
Highest Education Level Achieved			
grade 1-5		10.0	1
grade 6-9		40.0	4
grade 10-12		0.0	0
G.E.D.		10.0	1
Status Indian			
Metis		10.0	1
Indian		30.0	3
none		10.0	1

* note that percentages may not be accurate due to missing client information

TABLE 4-4
Substance Abuse Problem Assessment (Mountain)

	N	AVG./PERCENT
How old when had first drink	6	11.3 years
How old when drinking began causing problems	5	16.8 years
Number years drinking has been a problem	7	11.7 years
Prior to institutionalization, # days on average client drank per month		7.1 days/month
every day	0	–
4-5 days/week	0	–
2-3 days/week	5	71.4%
1 day/week	0	–
3-4 days/month	2	28.6%
1-2 days/month	0	–
no days	1	14.3%
Prior to institutionalization, # drinks on average client drank each time		
1 drink	0	–
2-3 drinks	1	14.3%
4-5 drinks	1	14.3%
6-7 drinks	1	14.3%
> 7 drinks	4	57.1%
Since institutionalization, has client abstained from alcohol		
yes	5	71.4%
no	2	28.6%
Since institutionalization, has client abstained from drug use		
yes	3	42.9%
no	4	57.1%

When drinking, these inmates report they engaged in the following behaviour:
- committed sexual offenses (reported at least sometimes by 4 inmates)
- became withdrawn, isolated (reported at least sometimes by 6 inmates)
- did things in public people didn't like (reported at least sometimes by 5 inmates)
- committed personal assaults (reported at least sometimes by 5 inmates)
- became physically aggressive/violent (reported at least sometimes by 4 inmates)

Going into the Pre-Treatment Program, many of these inmates described themselves as feeling anxious, hesitant, uncertain. (See Table 4-7)

As shown in Table 4-8 many of these inmates described their behaviour at admission as
- physically aggressive
- loud and obnoxious
- verbally aggressive

TABLE 4-5
Issues in Client's Background (Mountain)

	N	YES		NO	
Was raised in alcoholic home	8	87.5	(7)	12.5	(1)
Was raised in foster homes	8	50.0	(4)	50.0	(4)
Went to residential school	8	37.5	(3)	62.5	(5)
Mother was neglectful/absent	8	75.0	(6)	25.0	(2)
Father was neglectful/absent	8	87.5	(7)	12.5	(1)
Victim of physical abuse	8	62.5	(5)	37.5	(3)
Victim of sexual abuse	8	62.5	(5)	37.5	(3)
Mother has died	8	25.0	(2)	75.0	(6)
Father has died	8	50.0	(4)	50.0	(4)
Other close family members died unnaturally	8	87.5	(7)	12.5	(1)
Has attempted suicide	8	75.0	(6)	25.0	(2)
Family member has attempted suicide	7	42.9	(3)	57.1	(4)
Has sexually abused someone	8	62.5	(5)	37.5	(3)
Has chronic health problems	7	0.0	(0)	100.0	(7)
Feels depressed a lot	8	37.5	(3)	62.5	(5)
Feels alone/isolated a lot	8	50.0	(4)	50.0	(4)
Feels anxious a lot	8	75.0	(6)	25.0	(2)
Gets into fights/arguments with spouse/partner	8	50.0	(4)	50.0	(4)
Gets into arguments/conflicts with family/friends	8	37.5	(3)	62.5	(5)
Has problems in relations with children	8	37.5	(3)	62.5	(5)
Has problems in relations with partners/males	6	33.3	(2)	66.7	(4)

TABLE 4-6
Behavior When Drinking (Mountain)

	N	NEVER		SOMETIMES		YES	
Argumentative/verbally abusive	8	37.5	(3)	37.5	(3)	25.0	(2)
Physically aggressive/violent	8	50.0	(4)	50.0	(4)	0.0	(0)
Do things in public people don't like	8	37.5	(3)	25.0	(2)	37.5	(3)
Become withdrawn, isolated	8	25.0	(2)	37.5	(3)	37.5	(3)
Commits property offenses	8	62.5	(5)	25.0	(2)	12.5	(1)
Commits personal offenses	8	37.5	(3)	50.0	(4)	12.5	(1)
Commits sexual offenses	7	42.9	(3)	14.3	(1)	42.9	(3)

4.5 Program Impact Perceived By Participants

While in the pre-treatment program, it is apparent the inmates found themselves changing their attitudes and behaviour. Table 4-7 lists objectives describing the emotions of these inmate participants at two weeks into the program and at program exit.

TABLE 4-7
Adjectives Describing Emotions in Program (Mountain)

ADJECTIVE	AT PROGRAM ENTRY	AFTER 2 WEEKS IN PROGRAM	AT PROGRAM EXIT
Excited	3 (33.3)	3 (33.3)	4 (44.4)
Anxious	5 (55.6)	2 (22.2)	2 (22.2)
Depressed	1 (11.1)	1 (11.1)	1 (11.1)
Hesitant	5 (55.6)	1 (11.1)	0 (0.0)
Respected	2 (22.2)	4 (44.4)	4 (44.4)
Sad	1 (11.1)	2 (22.2)	2 (22.2)
Afraid	3 (33.3)	2 (22.2)	1 (11.1)
Happy	0 (0.0)	3 (33.3)	6 (66.7)
Calm	2 (22.2)	4 (44.4)	5 (55.6)
Relaxed	0 (0.0)	5 (55.6)	7 (77.8)
Trusting	3 (33.3)	6 (66.7)	6 (66.7)
Hopeful	2 (22.2)	4 (44.4)	6 (66.7)
Eager	2 (22.2)	4 (44.4)	5 (55.6)
Uncertain	4 (44.4)	3 (33.3)	3 (33.3)
Angry	1 (11.1)	2 (22.2)	0 (0.0)
Accepting	2 (22.2)	4 (44.4)	7 (77.8)
Distrustful	2 (22.2)	1 (11.1)	0 (0.0)
Unhappy	1 (11.1)	1 (11.1)	0 (0.0)

TABLE 4-8
Behaviors/Attitudes Expressed by Inmates (Mountain)

	N	AT ADMISSION			N	AT DISCHARGE		
		Never	Sometimes	Yes		Never	Sometimes	Yes
physically aggressive	8	75.0 (6)	12.5 (1)	12.5 (1)	7	85.7 (6)	14.3 (1)	0.0 (0)
verbally aggressive	8	50.0 (4)	25.0 (2)	25.0 (2)	7	28.6 (2)	71.4 (5)	0.0 (0)
loud and obnoxious	8	62.5 (5)	25.0 (2)	12.5 (1)	7	57.1 (4)	42.9 (3)	0.0 (0)
quiet and withdrawn	8	37.5 (3)	12.5 (1)	50.0 (4)	7	28.6 (2)	57.1 (4)	14.3 (1)
fearful	8	12.5 (1)	50.0 (4)	37.5 (3)	8	37.5 (3)	62.5 (5)	0.0 (0)
angry, anxious	8	25.0 (2)	37.5 (3)	37.5 (3)	7	42.9 (3)	57.1 (4)	0.0 (0)
in denial	8	0.0 (0)	75.0 (6)	25.0 (2)	8	37.5 (3)	62.5 (5)	0.0 (0)
cooperative	7	0.0 (0)	42.9 (3)	57.1 (4)	8	0.0 (0)	25.0 (2)	75.0 (6)
talkative & openly honest	8	0.0 (0)	12.5 (1)	87.5 (7)	8	0.0 (0)	12.5 (1)	87.5 (7)
friendly and sociable	8	0.0 (0)	25.0 (2)	75.0 (6)	8	0.0 (0)	12.5 (1)	87.5 (7)
curious and accepting	8	0.0 (0)	12.5 (1)	87.5 (7)	8	0.0 (0)	12.5 (1)	87.5 (7)
flexible and tolerant	8	0.0 (0)	37.5 (3)	62.5 (5)	8	0.0 (0)	37.5 (3)	62.5 (5)

It is noticeable there is an increase in feelings of:

- excellence
- respect
- happy
- calm
- relaxed
- trusting
- hopeful
- eager
- accepting

There is a decrease in the feelings of being:

- anxious
- hesitant
- afraid
- distrustful
- unhappy

As shown in Table 4-8, behaviour/attitude changes noted by the inmates participants at Mountain were decreased likelihood of:

- physical aggression
- verbal aggression
- being loud and obnoxious
- being quiet and withdrawn
- being fearful
- being angry, anxious

and increased likelihood of:

- being cooperative
- being talkative and openly honest
- being friendly and sociable
- being curious and accepting
- being flexible and tolerant

Table 4-9 provides the inmates ratings on what sessions they liked and why they liked it – because it was fun, interesting or because it changed them or helped them to understand. Group therapy, elder sessions and morning therapeutic recreation were seen as most helpful and effective, followed next by the individual counselling sessions, the big book study, personal care and homework time, and traditional values and principles. Comments on the different activities are as follows:

Group Therapy Sessions

- *"It helped me to express myself."*

Elder Sessions

- *"Every time I hear an elder speak I open myself to what he or she say and at one time or another I will use what I hear."*
- *"They are very funny and sincere."*

TABLE 4-9
Session Ratings (Mountain)

PROGRAM	RATING (1=liked a lot-5=disliked strongly)	WHY LIKED IT * Fun	Interesting	Changed Me	Helped Me to Understand
Traditional Values and Principles (N=8)	1.50	2 (25.0)	3 (37.5)	2 (25.0)	5 (62.5)
Orientation Session (N=8)	2.00	2 (25.0)	5 (62.5)	1 (12.5)	3 (37.5)
Elder Session (N=6)	1.00	2 (33.3)	4 (66.7)	2 (33.3)	4 (66.7)
Group Therapy Sessions (N=8)	1.00	5 (62.5)	5 (62.5)	2 (25.0)	8 (100.0)
Individual Counselling Sessions (N=7)	1.43	1 (14.3)	4 (57.1)	4 (57.1)	5 (71.4)
Stress Management Practice (N=7)	1.29	5 (71.4)	3 (42.9)	1 (14.3)	3 (42.9)
AA Meetings (N=7)	1.71	1 (14.3)	3 (42.9)	3 (42.9)	4 (57.1)
Group Information Sessions (N=8)	1.50	3 (37.5)	6 (66.7)	4 (50.0)	7 (87.5)
Assertiveness Training (N=8)	1.25	3 (37.5)	4 (50.0)	2 (25.0)	3 (37.5)
Personal Care & Homework Time (N=9)	1.33	3 (33.3)	6 (66.7)	2 (22.2)	7 (77.8)
Lifestyle & Recreation Therapy (N=8)	1.13	6 (75.0)	6 (75.0)	5 (62.5)	4 (50.0)
Evening Social/Recreational Therapy (N=1)	2.00	0 (0.0)	1 (100.0)	0 (0.0)	0 (0.0)
Morning Social/Recreational Therapy (N=2)	1.00	2 (100.0)	1 (50.0)	0 (0.0)	0 (0.0)
Big Book Study (N=9)	1.11	2 (22.2)	6 (66.7)	3 (33.3)	8 (88.9)

* multiple responses possible

Native History

- *"It helped me to understand how and when I was making a big mistake on myself."*
- *It does not affect my individual thoughts of problems with alcohol."*

Traditional Values and Principles

- *"I liked the smudge part and the prayer before we start the group and when the group is over we all say the serenity prayer."*

Individual Counselling Sessions

- *"I am comfortable with it on a one-to-one basis. I can disclose more."*
- *"Disliked it some because I was afraid of the truth."*

Stress Management Practice

- *"It helped me to relax."*
- *"I just love all the exercises that we did, it felt good."*

Family Tree

- *"It helped me to understand myself a lot better."*

Table 4-10 provides information on areas of learning. The most notable areas of learning are acceptance of drug/alcohol dependency, understanding of the dynamics of alcohol/drug use, improved self-esteem, commitment to sobriety/abstinence, and improved group communication skills.

It is apparent most of the inmate participants learned a lot in the process of the pre-treatment program as typified by the following comments.

Understanding "Addiction" and Its Treatment

- *"That it is a disease – that I will always be in recovery."*
- *"Alcohol is an addiction and if your willing to stop you will."*

Nutrition and Alcohol

- *"How we neglect our bodies and the nutrition we need when we are under the influence of alcohol or drugs."*
- *"Nutrition is very important immediately after drinking."*

Goals/Aspirations/Expectations

- *"It is important to set goals for yourself."*
- *Sobriety freedom, healthy mind and body."*

Alcohol and The Family

- *"How we deny about alcohol is a problem and (it causes) the family to break-up."*
- *"That most alcoholics have a family shame to deny."*
- *"Alcohol runs in family."*

Why I Drink

- *"Being lonely."*
- *"I drink because of a lot of pain."*
- *"Loneliness, depressed, out of control - or to fit in."*
- *"Because I feel so lost when I see my friends drinking."*
- *"To share my secrets that have kept me down."*
- *"A Person doesn't need a reason to drink."*

Defense Mechanisms

- *"How I use anger and hatred for walls."*
- *"Use of masks and negativism is harmful to my recovery."*

Relapse/Dry Drunk

- *"Going back to one's old feelings."*
- *"Dangerous."*

Assertiveness (Personal Growth)

- *"I learned to look within myself."*
- *"The power to grow inside taking responsibility."*

Loneliness Isolation

- *"How we isolate - can come out of shell once we start sharing."*
- *"Not losing myself in pity."*

Despair/Grieving

- *"We must go through the process in order to get better."*
- *"The process of letting go of loved ones."*
- *"Grieving is healthy."*

Empowerment/Resolution

- *"Learning to control myself."*
- *"To see hope for a new life."*

Networking

- *"Importance of trust, talking and feelings working through many people."*

Preventing Relapse

- *"Must be aware of symptoms and deal with them."*
- *"Ask for help from a close friend or counsellor."*

Building Trust

Inmate participants made numerous comments about the value of "learning to trust" others:

- *"One must learn to trust himself first."*
- *"To build trust you have to go through a lot of pain to find out if you trust yourself."*
- *"Trust is important in networking – recovering resources."*
- *"Trust is most needed in group."*

Overall when the inmates were asked to identify what they best learned as a result of participating in the program, these were their comments:

- *"I learned to be open and trustful, especially in prison."*

- *"I learned to be aware of re-offending and try my best ability to stay in line."*

- *"I learned a lot of what kids go through while growing up in an alcoholic background and the pain that they carry through while they are growing. I learned a lot on what children hide from their parents."*

- *"I feel I learned more about sexuality, alcoholism, sexual addiction and abuse and how to deal with them."*
- *"Awareness of self - Alcoholism, sexuality, and physical violence in my alcoholism. Physical, mental, emotions and spiritual abuse and how it affected my life."*
- *"To take a look at why I drank also to know that in order to change I had to let my old past go. Also how to control my anger and a better understanding of my sexual gender."*
- *"I learned trust, in myself and trustful of women, respect, sharing feelings and helping others."*
- *"I have learned to better myself and how to stay away from the things that I did before I started this program."*
- *"I feel I can recognize my own feelings and thoughts, how to express my problems in a healthy way and that I'm a very sick person and I'll always be sick."*

As a result of what they learned and experienced five inmates made a commitment to ongoing treatment and recovery.

TABLE 4-10
Effects of Program on Client (Mountain)

	N	YES	MAYBE	NO
Areas of learning or new skills:				
• acceptance of drug/alcohol dependency	7	85.7 (6)	0.0 (0)	14.3 (1)
• understanding of dynamics of alcohol/drug use	7	100.0 (7)	0.0 (0)	0.0 (0)
• improved self-esteem	7	85.7 (6)	14.3 (1)	0.0 (0)
• commitment to sobriety/abstinence	6	83.3 (5)	16.7 (1)	0.0 (0)
• improved communication (group discussion skills)	7	85.7 (6)	14.3 (1)	0.0 (0)
• improved communication with family	7	57.1 (4)	14.3 (1)	28.6 (2)
• attachment to a community sponsor	7	28.6 (2)	0.0 (0)	71.4 (5)
• commitment to ongoing treatment	7	71.4 (5)	0.0 (0)	28.6 (2)
Discharge target:				
• back to institution indefinitely	7	0.0 (0)	0.0 (0)	100.0 (7)
• to another alcohol/drug recovery/support program	6	83.3 (5)	16.7 (1)	0.0 (0)
• to parole release	6	83.3 (5)	16.7 (1)	0.0 (0)
• to other treatment/educational programs	6	100.0 (6)	0.0 (0)	0.0 (0)

Inmates participating in the Mountain Pre-Treatment Program provided numerous other comments on what they experienced while in the program, what they liked and didn't like. These comments can be summarized in the following categories:

a) How felt about participating in program.

Inmates reported they were uneasy or confused (uncertain) when they first started the program. After a couple of weeks, some said they still felt uneasy and distrustful but others reported they began to feel better , to open up more. All reported with time they were able to talk more openly. All attributed this to the skill of the counsellor and the strength of the group.

b) Attitudes toward the appropriateness and benefits of the program (goals, philosophy, activities) for inmates

Inmate respondents reported the program was appropriate to their needs and was beneficial. They endorsed the goal of the program – to help them with honesty, self-understanding, and the use of these two tools in beginning their recovery. A sample of comments is provided:

- *"The treatment is ongoing counselling, even outside on the street – not only for now."*
- *"The goal is to start recovery."*
- *"How victims become offenders ... Goals – for us to understand abusers (addictions) and our offenses."*
- *"To be responsible for substance abuse be accepting. Aware of all consequences of alcohol abuse. Make an effort to change lifestyle."*
- *"To be honest with myself and others, to change my old patterns of behavior that I have built up for years. To examine my attitudes and their effects on my behavior. I am a sex offender – I need to change not only my deviant behavior but my entire style of living."*
- *"Once you deal with yourself honestly and get feedback from other members of the program you can get on positively with your life; you get the life skills needed to get on with life. You learn the grieving process, anxiety and stress control, deal with depression. Learn to open up and share and care, to forgive yourself and forgive others."*
- *"The program helps one to understand the importance of feedback from others. It also helps to understand attitude, thinking, feeling and behaviors. Helps you learn to separate normal from destructive thoughts."*

Inmates further commented the program can benefit only those who want to help themselves, who want to be honest with themselves and who want to change.

- *"All types of natives will benefit from this program if they are interested in (helping) themselves."*
- *(Program can help) "Those willing to admit their addiction and want to live respectively and responsibly."*
- *"People who are ready for change are to be brutally honest with themselves."*
- *"People who are willing to make value of what life they have left."*

c) How inmate felt treated?

All inmates reported they felt respected and that this helped them to open-up

- *"Yes, very much because it makes it easier for a person to open up."*
- *"Yes, very much, everything is held in confidence."*

d) Attitudes toward counsellor and how treated

Inmates were universal in their praise of the counsellor's insight and abilities. Some typical comments follow:

- *"... the way that we make a rule to have confidentiality showed respect for each member of the group."*
- *"The counsellor's skill in delivering lectures and leading discussions is fantastic."*
- *"The ability of the counsellor to pinpoint areas of concern of each client is remarkable."*
- *"Very professional, understand native Culture."*
- *"... very understanding native lady counsellor which I have learn to respect [sic] women."*

e) Attitude about Indian cultural activities and traditions in Program.

Inmate stated they liked the cultural activities and traditions very much.

- *"The sweats and smudge are two areas of spirituality and culture that give me peace of mind and body."*
- *"I feel it (is) very important to see how our people lived and/to have that cultural identity."*

f) Attitudes toward specific sessions

Respondents in general indicated that what they liked best about specific sessions was the opportunity for enlightenment and self-understanding. Their dislikes about sessions were not related to the actual content of these sessions, but to their personal issues (i.e. dealing on a personal level with the information presented). A sample of comments is included:

i) What liked

- (Grieving) *"... it helps me when I share my grieving with my brothers and sisters and also it eased my thoughts."*
- (Elder) *"Every time I hear an Elder speak I open myself to what he or she say and at one time or another I will use what I hear."*
- (Elder) *"They are very funny and sincere."*
- (Group therapy) *"It helped me to express myself."*
- (Personal Care & Homework Time) *"We done [sic] family trees and I found that it was very helpful to find out where I come from and who I am."*
- (Role Playing) *"Helped me to understand the decisions other people for make for me. (i.e., parole)."*

ii) What didn't like

- (Individual Counselling Sessions) *"Disliked it some because I was afraid of the truth but yet it was interesting."*
- (Role Playing) *"... there was a lot that I didn't understand but yet I watched it and got a lot out of it."*

g) Overall, what liked (was satisfied)

Inmates expressed their overall satisfaction with the straightforward native approach to their problems, which has helped them gain understanding of their lives. Types of responses included:

- *"The information on alcohol, drugs, behavior, grieving."*
- *"I like the things that they talk about, what brought us in here."*
- *"Very good counsellor and the group that is willing to help themselves and everybody is open with each other."*
- *"Thoroughness – no one is pampered – straight forward."*
- *"The instructor was very good – right on – because she could be serious and fun at the same time. I also liked the circle because it had strength to learn from."*
- *"It is native oriented."*
- *"Very satisfied. Because I don't want to go out there in public and do the same thing over again."*
- *"Very satisfied. It helped me to understand myself and others with their problems to accept and not to hold anything in."*
- *"This program helped me to see and understand myself more clearly. I truly hope and wish the program continues in helping the people here and in other institutions. I also feel that it is very good for rehabilitation."*

h) Overall what didn't like (was dissatisfied)

There was little agreement between respondents on their overall dislikes of the program. One person showed concern about other participants' detailed descriptions of their crimes, and another respondent indicated that all participants had not been sharing fully. A sample of comments follows:

- *"Started too late finished too late."*
- *"I did not see Elders. I did not see very much hugging. I have problem [sic] with that."*

4.6 Mountain Institution Satisfaction With Program

Staff from Mountain Institution were asked to comment on the needs of inmates for a pre-treatment substance abuse program and what the focus and content of treatment should be. Responses were received from two case management officers (CMOs).

Most native inmates were described as having a problem with alcohol; that alcohol tended to be a factor in the omission of criminal offenses; that it is a problem in their lives prior to incarceration; and that some are consuming alcohol while in the institution. Factors listed as contributing to substance abuse problems among inmates were social/personal alienation and extensive substance abuse in their families and communities.

Substance abuse treatment was seen as potentially having success if the facilitator can get the inmate to self-examine, to grow and break down the barriers of anger, shame, cynicism and negativity. Support and positivism from the institution staff was also viewed as important to success of an inmate treatment program. Breaking down the barriers of racism and connecting inmates with their cultural and spiritual background was also seen as important.

Little comment was provided about the nature of a treatment program except that it should be intensive, involve the inmate and his family and should focus on understanding the alcohol/drug addiction, acceptance of alcohol/drug dependency, committing the inmate to abstinence and a changed lifestyle, increasing self-esteem, improved communication skills, improved interpersonal skills, and resolution of emotional issues (e.g., grief).

There was ambivalence about the role of the inmate's home community in the treatment process.

Comment was made that participation by inmates should be voluntary, following an orientation session with inmates and a personal interview with each participant. The inmate participant should sign a release before information is shared between the counsellor and institution staff; otherwise the CMO should rely on what the inmates chose to disclose himself to the CMO.

Final comment was made that key to the success of a pre-treatment substance abuse program for native offenders is the skill and understanding of the facilitator/counsellor to establish a rapport with the inmates, to discover and develop the human potential in an individual (despite their crimes and aberrant behaviour).

At the conclusion of the pilot Native Pre-Treatment Program in Mountain Institution, the case management officer expressed strong support for the program, and gave a very positive evaluation. A sample of her comments follows:

> *"... this group came together in an incredibly positive manner. The attitudinal changes in the participants became very apparent to those of us who worked in or around the East Unit Office.*
>
> *"Janice, being the very down-to-earth, lovable realist that she is, quickly shifted the participants' emphasis from a 'quick-fix' solution to that of pre-treatment being the beginning of lifestyle and attitudinal changes in an ongoing individual growth process... They learned how to share feelings of blame, guilt, rejection, their fears, their anger, their pain and their grief. They learned how to recognize and break down defence mechanisms and thinking errors, and how to problem-solve by identifying, defining, and working through issues.*
>
> *"At the conclusion of this Pilot Project, I find myself so very pleased with the resultant gains which have been experienced."*

4.7 Follow-Up Status On Participants

As of February 1991, six months after the conclusion of the program, a follow-up assessment by the case management officer (CMO) on the nine inmate participants revealed:

- Six inmates were still in Mountain but reported to be doing well. Most are involved in other native and educational programs and are active members of the Native Brotherhood. The CMO further commented that these six inmates remain very communicative with each other and with prison staff and that, given the seriousness of their criminal history, it was remarkable the counsellor was able to break through their barriers.
- One inmate is still in denial.
- One inmate continues to display attitudinal problems.
- One inmate is doing a life sentence.

- One inmate has continued use of drugs and due to this and other infractions has been sent "up" to a maximum security penitentiary.

4.8 Summary

While the planning and start-up of the Pre-Treatment Program at Mountain Institution was poor and ill-defined resulting in a lot of confusion, the actual operation of the program with the native inmates went very well. Both the participants and the institution management staff reported they were very satisfied with the activities and outcome of the program. The inmates faced issues they had rejected before; trust and communication was built within the group as well as between individual inmates and the prison case management officer (CMO). Inmates reported learning and confronting many issues within themselves. Six months later, the CMO felt six of the ten participants had continued to grow and progress in recovery as a direct result of their experiences in the program.

Participants and institution staff attribute the success of the program to the skill and "humanness" of the treatment counsellor in breaking down barriers, building trust and then using this opportunity to help the inmates to confront the facts of their lives and their addictions.

5.0 REVIEW OF WILLIAM HEAD INSTITUTION PRE-TREATMENT PROGRAM

5.1 The Orientation Workshops

A critical component of the recommended pre-treatment program was to promote better communication between institutions and substance abuse treatment centres and to improve the level of education and understanding by professionals and staff in institutions and treatment centres about the needs of native inmates and what pre-treatment is all about.

Subsequently orientation meetings for the William Head Institution Native Offender Pre-Treatment Program were held at the William Head Institution April 30 and May 1, 1990 and at Tsow-Tun Le Lum Treatment Centre on May 3, 1990.

The William Head Institution orientation workshop was attended by:

- the project liaison case management officer (CMO)
- National Parole Board representatives
- the Deputy Warden
- South Island Tribal Council representatives
- Victoria Parole Board representatives

The project researcher and curriculum specialist conducted a presentation on the focus and components of a pre-treatment type program. A lengthy presentation was also conducted on substance addictions and a continuum-of-care model of treatment. Questions and concerns were expressed by institution staff and the parole board representatives. These issues were summarized as follows:

1. Initial contact by the researcher with the Native Brotherhood had not been productive. Some Brotherhood members were expressing "no support" for a pre-treatment program in their institution – "they did not like the way the project was being introduced and doubted it would be attended by more than two inmates."

2. Concern was raised about how participants would be selected. The institution felt they should identify and refer appropriate inmates for the program rather than leave it entirely to the choice of individual inmates.

3. The lack of a written description of the program model was creating confusion for institution staff and management. They were having trouble understanding what the program was all about.

4. Concern was expressed about the sharing of information on inmates between the institution and the program counsellor. Some felt anything said or done in group or individual sessions was confidential. Some institutional staff, however, felt they needed to be informed of any behaviour that was in violation of prison rules. This concern about information sharing was not fully resolved.

5. Various procedural suggestions were made, including
    - briefing of the pre-treatment counsellor on institution security practices and measures
    - recruiting a minimum of 10 participants for the program
    - ensuring inmates abstain from alcohol or drugs while participating in the program

While the orientation workshop ended with a vote of support from the South Island Tribal Council and from the William Head Institution Deputy Warden, there was also a lingering feeling of confusion and frustration expressed by many in attendance about what was really going to happen when the program was implemented. Issues about selection of participants and information sharing were not resolved. It was unknown whether the Native Brotherhood was going to support or boycott the program.

The Tsow-Tun Le Lum Treatment Centre orientation workshop was attended by
- the Executive Director
- the program administrative assistant
- several counsellors and staff

A presentation was conducted on the goals and activities of the proposed Pre-Treatment Program. The following comments or concerns were raised about the needs of the treatment centres who receive a native parolee or the role/function of the treatment counsellor in the recovery of a substance abusing offender.

1. Before entering intensive treatment in a residential treatment centre the native offender must learn during pre-treatment and while still in the institution, how to "trust". The offender should probably also experience the "outside" while in pre-treatment to prove their commitment to themselves and ongoing treatment.

2. Treatment staff need to conduct an intensive 2 day interview with inmate and staff prior to acceptance into intensive residential treatment.

3. Preference is to have the offender come into treatment directly from the institution or from a half-way house for parolees.

4. It was recommended the ideal program for offenders within a residential treatment centre be a 9 week program; of which 3 weeks would focus on re-entry counselling and trust building provided by an Elder; the remaining 6 weeks to focus on abstinence and recovery changes in their life.

5. Treatment Centre staff need information on the prison system and society "inside". Actual contact with institution staff and inmates would be useful.

6. Treatment Centre staff need to learn the language and codes of the inmate environment; the functional elements of the institution world that are dysfunctional on the "outside".

7. Treatment Centre staff need to learn how to work with an offender without threatening or "tearing down" the protective shell too quickly. (Be aware not to overdo initially, "what are you feeling").

8. Treatment Centre staff need to learn more about the roles offenders play that interfere with treatment and assist the offender to "break through" these roles to find themselves.

9. Treatment Centre staff need to be sensitive to little things that are difficult for a parolee, for example filling out forms without having an address/phone except "prison".

10. Treatment Centre staff need to focus on the "uniqueness" of each offender (to learn who they are, where they come from) but not in a way that sets them negatively apart from other people.

11. Treatment Centre staff need to plan a program taking into consideration a lower level of entry but not to necessarily gear the goals and expectations at a lower level. Expectations should be individualized and realistic for each offender in treatment.

5.2 The Program Format and Curriculum

At William Head Institution in Sooke, B.C., the Pre-Treatment Program was intended to operate in much the same fashion as the program at Mountain. It was to be a culturally-based 8 week program focused on breaking down the barriers of "denial" and "toughness" that stand in the way of the native offender to seek treatment and recovery from substance abusing. The program began June 25th and ended August 18th. However, the program evolved somewhat differently because of differences in the program counsellor and the structure of the program.

After the first 5 days into the program the first substance abuse treatment counsellor, announced he would only be continuing for 4 weeks. A major focus of these first four weeks was on native culture and spirituality. A second substance abuse counsellor completed the last four weeks, focusing on group building, addictions and attitudes toward support and recovery.

Table 5-1 provides a brief outline of the 8 week program content.

5.3 Program Operational Issues

Following is a report by the institution case management officer (CMO) on the activities and issues emerging from the Pre-Treatment Program over its first month with the first treatment counsellor.

> "The initial stages of the Native Pre-Treatment program produced three drop-outs. Two cases had reasonable grounds for withdrawal and one individual, in the opinion of the course coordinator, had unacceptable reasons. The one drop-out with unreasonable excuses now attends unofficially on a hit and miss basis pending work responsibilities. To date there are fourteen inmates attending on a full time basis. In general

> participation by the candidates, selected by Case Management, is consistent. There were problems with a few inmates wandering away from the classroom; negative activity records and unsatisfactory performance notices were submitted and these problems have subsided for the time being."

The CMO noted that the program counsellor/instructor works Monday-Thursday; leaving a homework assignment with the inmates for Friday.

Comments by the CMO on the curriculum activities and content were as follows.

Native Traditions

> "Most of the Native traditions taught were being practiced on a daily basis by the end of the first week of the program. Participation in the Smudge and Talking Circle were a daily ritual. The Smudge could last up to 45 minutes in duration and the Talking Circle could last for one or two hours maximum. A complete Sweat was practiced on two occasions, ma [illegible] the third and fourth week. Total preparation and participation time equa [illegible] 3-4 hours. This included the heating of the rocks, preparing the Sweat structure, and participating in the Sweat. It is usual for an individual to go into the Sweat 3 or 4 times for 20-30 minutes each time.
>
> The course instructor, focussed substantially on the practical application of native traditions. Basically, he totally immersed the course in the practice of aboriginal traditions. Remarkably, considering the diversity of native inmates, Status and Non-Status, with the exception of a few, all participation was enthusiastic. The majority of native inmates took to their traditions similar to "fish taking to water."

The Smudge:

> "During the course this native tradition was practiced in the morning between the hours of 8:00 and 9:00.
>
> Usually, a small amount of sweet grass is burned in an open container. As the sweet grass burns, the smoke is wafted over the body and passed to the next person. According to the instructor all plants possess some sign of God. In addition, sweet grass is utilized because this type of grass when burned, possesses all the colours of the spectrum. It is believed a colour has a certain vibration. The colours of the sweet grass are such that positive energies are attracted and negative energies are repelled. Burning of the sweet grass is likened unto a shower; as one would feel physically refreshed from showering, one feels cleaned spiritually when participating in the Smudge. If an individual chooses to Smudge and also pray, additional positive energies are attracted. According to the instructor, this tradition has been passed on from generation to generation."

TABLE 5-1
William Head Institution Program Curriculum Topics and Schedule

WEEK ONE	WEEK THREE
Introductions in Circle, Pipe Ceremony, Smudge Introduction to Program Purpose of Confidentiality and Pre-Treatment Program Explanation of Pipe Ceremony, Native Spirituality and Meaning of Circle Sharing of Counsellor's Personal Alcohol/Drug History Introduction of Seven Indian Laws Lecture: European influence; Cultural, Spiritual, Race & Family History Discussion: Source of Disease and Addictions Talking Circle Discussion: Tribal, Race and Religious History	Pipe Ceremony Smudge Discussion: Family Life Discussion: Purpose of Program and Responsibility of Group Members to Self (Rather than to the System) Sweat Lodge Built by Group Members Sweat Lodge Ceremony Talking Circle Discussion: AA Programs, Alcoholism, and Drug Addiction Lecture: Tsow-Tun Le Lum Treatment Centre Program Walks/One-to-One Talks
WEEK TWO	WEEK FOUR
Pipe Ceremony Smudge Lecture/Discussion: History – Religion and Race Lecture: Native Prophecies Discussion: Native Culture and Effects of European Contact Discussion: Personal Responsibility in Health, Sobriety and Actions Talking Circles One-to-One Talks Assignment: Read Native Culture Hand-Outs – Prepare for Discussion	Pipe Ceremony Sweat Lodge Ceremony Smudge Review: First Three Weeks of Program Lecture/Discussion: Dynamics of Prison Life and Pre-Treatment Discussion: History of Race and Religion Discussion: Religion (Focus on God and Higher Power) Discussion: AA's Step One Walks/One-to-One Talks
	WEEKS FIVE-EIGHT (NEW INSTRUCTOR)
	Group Building Native History Addictions Education Family as a Healing Unit Self-Awareness Life Skills

The Talking Circle and Passing Of The Feather

> "The Talking Circle is similar to a group therapy session in that individuals are allowed to voice their concerns in a group setting. The group is seated in a circular formation; a feather is passed around from person to person. When an individual receives the feather, he is allowed to speak about any subject desired; no one is allowed to interrupt. The feather is similar to the "talking stick" which is used in the same manner. The feather is a symbol of not being earth bound and has spiritual significance. The stem of the feather represents the human being and one side of the feather represents the spiritual and the other the material. When an individual receives the feather he is in perfect balance. The feather is a symbol of the 'red' native road; it is the path of service, the end of darkness, and the beginning of light. The significance of holding the feather is considerable. Participants holding the feather are allowed to say anything that concerns them. It is similar to a group therapy session in that the participants are allowed the opportunity to vent and participate in a clearing of their concerns with no obstructions or intrusions.
>
> The instructor stated the practice of this native tradition was difficult to implement due to the 'con code' of keeping any real feelings hidden behind stoic walls and ultimately subverting any potential therapy. In addition, some of the participants made statements that they found it difficult to reveal their feelings due to their awareness that some of the course participants were Protective Custody inmates. In any event, this tradition was effective for the majority of the class."

The Sweat

> "The instructor stated that participation in the Sweat Lodge coupled with prayer, allowed for Spiritual renewal. The Sweat, similar to a steam bath, was practiced on two occasions, utilizing several hours starting from the heating of the rocks to the finish. Most natives in the course participated in the Sweat for the first time. Here the results were above average in that native inmates verbally claimed they derived benefit from their experience. Some natives were keen enough to start attending the Native Brotherhood Sweats due to their positive experience in the program."

In summary, it is apparent the first month of the program primarily focussed on native traditions and spiritual growth.

The second month of the program build on the work of the first month, but focusing more on substance abusing behavior and attitudes, and on treatment or recovery. Focal issues during these weeks were group building, native history, addictions education, family as a healing unit, self awareness and life skills. the program counsellor/instructor provides the following comments on each of these topics.

Group Building

> "Trust in terms of the group was the first item we worked on during the beginning of my time with them. Once this was established; roles, responsibility and flexibility became the framework for the duration of the program.

Although we touched on specific items from the manual, building a team out of this group of strong individuals was on going from day one to the last.

By the end of the program each person in the group understood and appreciated the benefits of belonging to a team. Especially when it came to problem solving."

Native History

"One of the key ingredients to the foundation of trust between the group and I was the information provided during the first 4 weeks on native Indian history and spirituality.

I reinforced their knowledge of our culture and explained how each aspect of our rich past could be bridged to current situations, to help us through our difficulties in our daily lives.

Bridging, this would be the use of our culture to help us with our difficulties on a daily, weekly and monthly basis.

The new found knowledge of our culture became a source of strength and self-esteem for some members of the group. This component of the program was also one of the most important."

Addictions and Education

"Addictions were examined and covered from a number of points of view. As a group we explained it from personal experiences with various substances (caffeine to cocaine). We also discussed the material provided in the manual and watched videos on addiction from William Head.

In our learning about addiction, we gained a greater understanding of its destruction to the individual, family, culture and community. Through this understanding of its destruction to the individual, family, culture and community. Through this understanding the group came to realize how much addictive behaviour was taking away from their lives. They also began to see where knowing and utilizing cultural beliefs and expanding their education about addictions would help them maintain sobriety as well as provide them with a different lifestyle to live."

Family as a Healing Unit

"As a group we redefined the word family, once this was done, understanding how to use it as healing unit became easier.

Looking at family in a new light showed all of us that this body of people could give to us things like support, strength, cultural knowledge, spirituality and identity as and individual and as a member of the family."

Self-Awareness

"The group was well aware of the fact that in order for any positive change to happen in their lives, they needed to look truthfully at themselves.

> Even though there was group discussion, self awareness was talked about more during the one to one counselling times."

Life Skills

> "By the time we reached this subject, the group explained to me what life skills was about and how each part of the program fit together. They also explained that having the tools was not enough, you needed to use them on a daily basis."

5.4 Characteristics of Participating Inmates

Tables 5-2, 5-3, 5-4 and 5-5 provide information on the 14 inmates participating in the Pre-Treatment Program. Information is extremely incomplete on these participants; however, what is available will be presented.

All 14 participants were male, average age 27.3 years. None were currently married. Six of the inmates had grade 10-12 education; 1 inmate had his GED. Average age these inmates started drinking was 14.2 years. Most of these inmates described their behaviour when drinking as argumentative/verbally abusive, being withdrawn or isolated and dong things in public people don't like. Six of them described themselves as physically aggressive/violent when drinking. Five inmates said they "never" were physically aggressive or violent when drinking.

Significant negative issues in the background of these inmates were:
- being raised in an alcoholic home (81.9%)
- father being neglectful/absent (100.0%)
- mother being neglectful/absent (90.9%)
- getting into fights/arguments with spouse/partner (62.5%)
- getting into fights/arguments with friends/family (69.2%)

Six inmates reported their mother had died. Four reported they had attempted suicide – one reported being a victim of sexual abuse. Two inmates reported having sexually abused another. Most of the inmates reported being anxious a lot, feeling alone and isolated.

At time of admission of the Pre-Treatment Program, these inmates reported the following types of behaviour/attitudes:
- being quiet and withdrawn
- being in "denial"
- being cooperative
- feeling hopeful
- feeling uncertain

TABLE 5-2
Characteristics of Inmate Respondents (William Head)

		PERCENT *	N
Average Age	27.3 years		
Sex			
male		100.0	14
female		0.0	0
Marital Status			
single		14.3	2
married		0.0	0
common-law		7.1	1
separated		7.1	1
Highest Education Level Achieved			
grade 1-5		7.1	1
grade 6-9		35.7	5
grade 10-12		42.9	6
G.E.D.		7.1	1
Status Indian			
Metis		7.1	1
Indian		0.0	0
none		7.1	1

* note that percentages may not be accurate due to missing client information

TABLE 5-3
Alcohol-Related Issues (William Head)

	N*	AVG.
How old when had first drink	7	14.2 years
How old when drinking began causing problems	2	15.0 years

	N*	NEVER	SOMETIMES	YES
Behavior When Drinking:				
Argumentative/verbally abusive	13	30.8 (4)	7.7 (1)	61.5 (8)
Physically aggressive/violent	13	38.5 (5)	15.4 (2)	46.2 (6)
Do things in public people don't like	13	7.7 (1)	15.4 (2)	76.9 (10)
Become withdrawn, isolated	13	23.1 (3)	23.1 (3)	53.8 (7)

* N = number of respondents to question

TABLE 5-4

Issues in Client's Background (William Head)

	N*	YES	NO
Was raised in alcoholic home	11	81.8 (9)	18.2 (2)
Was raised in foster homes	13	46.2 (6)	53.8 (7)
Went to residential school	13	7.7 (1)	92.3 (12)
Mother was neglectful/absent	11	90.9 (10)	9.1 (1)
Father was neglectful/absent	13	100.0 (13)	0.0 (0)
Victim of physical abuse	10	40.0 (4)	60.6 (6)
Victim of sexual abuse	9	11.1 (1)	88.9 (8)
Mother has died	14	42.9 (6)	57.1 (8)
Father has died	13	15.4 (2)	84.6 (11)
Other close family members died unnaturally	10	0.0 (0)	100.0 (10)
Has attempted suicide	13	30.8 (4)	69.2 (9)
Family member has attempted suicide	6	0.0 (0)	100.0 (6)
Has sexually abused someone	8	25.0 (2)	75.0 (6)
Has chronic health problems	13	0.0 (0)	100.0 (13)
Feels depressed a lot	13	53.8 (7)	46.2 (6)
Feels alone/isolated a lot	13	69.2 (9)	30.8 (4)
Feels anxious a lot	13	76.9 (10)	23.1 (3)
Gets into fights/arguments with spouse/partner	8	62.5 (5)	37.5 (3)
Gets into arguments/conflicts with family/friends	13	69.2 (9)	30.8 (4)
Has problems in relations with children	3	100.0 (3)	0.0 (0)

* N = number of respondents to question

TABLE 5-5

Behaviors/Attitudes Expressed by Inmates (William Head)

	N	AT ADMISSION *		
		Never	Sometimes	Yes
physically aggressive	14	85.7 (12)	14.3 (2)	0.0 (0)
verbally aggressive	14	64.3 (9)	7.1 (1)	28.6 (4)
loud and obnoxious	14	78.6 (11)	14.3 (2)	7.1 (1)
quiet and withdrawn	14	28.6 (4)	21.4 (3)	50.0 (7)
fearful	14	35.7 (5)	42.9 (6)	21.4 (3)
angry, anxious	14	50.0 (7)	7.1 (1)	42.9 (6)
in denial	14	14.3 (2)	21.4 (3)	64.3 (9)
cooperative	14	0.0 (0)	28.6 (4)	71.4 (10)
talkative & openly honest	14	28.6 (4)	35.7 (5)	35.7 (5)
friendly and sociable	14	21.4 (3)	35.7 (5)	42.9 (6)
curious and accepting	14	28.6 (4)	35.7 (5)	35.7 (5)
flexible and tolerant	14	42.9 (6)	35.7 (5)	21.4 (3)

* Discharge information not provided in questionnaire responses

5.5 Program Impact As Perceived By Participants

For most of the 14 inmate participants in the William Head Program there was little change in how they felt or in their behaviour or what attitudes they had as a result of participation in the program.

In Table 5-6

- the four participants who were resistant at the beginning reported they were not hesitant at the end.
- 3 participants reported feelings of respect at the end
- 4 participants reported feeling happy at the end of the program while none reported this feeling in the beginning of the program
- 7 participants, at the end reported feeling relaxed while only 3 felt this way at the beginning
- 5 participants expressed feelings of eagerness at the end
- 6 participants expressed feelings of acceptance at the end
- 3 participants who reported feeling distrustful at the beginning did not feel this way at the end.

The attitudes and emotions felt by the inmates are how they felt when they entered the program are reflected in the comments below. Some were curious; others were resistant.

- *"I wasn't too sure how a group of people not wanting the program were going to participate."*
- *"Curious."*
- *"Nothing, I just didn't want to share with the others."*
- *"Willingness to learn."*

TABLE 5-6
Adjectives Describing Emotions in Program (William Head)

ADJECTIVE	AT PROGRAM ENTRY		AFTER 2 WEEKS IN PROGRAM		AT PROGRAM EXIT	
Excited	0	(0.0)	1	(9.1)	2	(18.2)
Anxious	2	(18.2)	1	(9.1)	2	(18.2)
Depressed	0	(0.0)	0	(0.0)	0	(0.0)
Hesitant	4	(36.4)	2	(18.2)	0	(0.0)
Respected	1	(9.1)	4	(36.4)	3	(27.3)
Sad	0	(0.0)	0	(0.0)	0	(0.0)
Afraid	0	(0.0)	0	(0.0)	1	(9.1)
Happy	0	(0.0)	0	(0.0)	4	(36.4)
Calm	4	(36.4)	5	(45.5)	3	(27.3)
Relaxed	3	(27.3)	3	(27.3)	7	(63.6)
Trusting	0	(0.0)	3	(27.3)	2	(18.2)
Hopeful	5	(45.5)	5	(45.5)	6	(54.5)
Eager	1	(9.1)	2	(18.2)	5	(45.5)
Uncertain	8	(72.7)	4	(36.4)	1	(9.1)
Angry	0	(0.0)	0	(0.0)	0	(0.0)
Accepting	2	(18.2)	4	(36.4)	6	(54.5)
Distrustful	3	(27.3)	0	(0.0)	0	(0.0)
Unhappy	0	(0.0)	0	(0.0)	0	(0.0)

TABLE 5-7
Session Ratings (William Head)

PROGRAM	RATING (1=liked a lot-5=disliked strongly)	WHY LIKED IT *			
		Fun	Interesting	Changed Me	Helped Me to Understand
Traditional Values and Principles (N=11)	1.36	3 (27.3)	7 (63.6)	4 (36.4)	9 (81.8)
Orientation Session (N=11)	1.91	1 (11.1)	5 (45.5)	1 (9.1)	7 (63.6)
Elder Session (N=6)	1.83	2 (33.3)	2 (33.3)	1 (16.7)	3 (50.0)
Group Therapy Sessions (N=11)	1.45	4 (36.4)	7 (63.6)	2 (18.2)	9 (81.8)
Individual Counselling Sessions (N=9)	1.67	1 (11.1)	7 (77.8)	1 (11.1)	7 (77.8)
Stress Management Practice (N=9)	2.33	1 (11.1)	4 (44.4)	1 (11.1)	5 (55.6)
AA Meetings (N=6)	1.83	0 (0.0)	2 (33.3)	3 (50.0)	4 (66.6)
Group Information Sessions (N=11)	2.00	4 (36.4)	9 (81.8)	2 (18.2)	8 (72.7)
Assertiveness Training (N=11)	2.09	3 (27.3)	6 (54.5)	4 (36.4)	6 (54.5)
Personal Care & Homework Time (N=10)	2.90	1 (10.0)	4 (40.0)	2 (20.0)	6 (60.0)
Lifestyle & Recreation Therapy (N=11)	1.64	7 (63.6)	5 (45.5)	3 (27.3)	9 (81.8)
Evening Social/Recreational Therapy (N=7)	1.86	3 (42.9)	2 (28.6)	1 (14.3)	6 (85.7)
Morning Social/Recreational Therapy (N=8)	1.63	5 (62.5)	3 (37.5)	0 (0.0)	5 (62.5)
Big Book Study (N=5)	3.60	0 (0.0)	1 (20.0)	0 (0.0)	2 (40.0)

* multiple responses possible

Two weeks into the program, attitudes began to change positively.

- *"I watched the group being drawn closer together by participating in the program (amazing)."*
- *"I had feelings of hope."*
- *"Curious"*
- *"The feeling of confidentiality."*

From data in **Table 5-7**, the sessions the participants reported getting the most help from were:

- traditional values and principles
- group therapy sessions
- individual counselling
- evening social/recreational therapy
- group information session

Comments made on what they had learned or valued from the program are listed.

Understanding Addiction and Its Treatment

- *"Was familiar with it already . . . helped me to understand more clearly."*
- *"How balance can help a person stay straight."*

Goals/Aspirations/Expectations

- *"Learned foundation, base and goals."*
- *"Must make daily/weekly/monthly/yearly goals and keep them."*

Building Trust

- *"You must learn to accept different people to build trust."*

Alcohol and The Family

- *"Yes we talked about it."*

Why I Drink

- *"Lack of involvement with different kinds of people."*
- *"Because that's my habit."*

Spirituality and Values

- *"Learned the meaning of sweats, pipe ceremonies and religion."*
- *"Very interesting, covered a lot of native/alcohol history."*

Assertiveness (Personal Growth)

- *"To speak out on what your thinking."*

Loneliness/Isolation

- *"Caused by withdrawal from problems."*
- *"Quitting drugs is something one does alone. Friends give peer pressure and causes one to isolate himself (in order) to accomplish goal."*

When the inmates were asked to state what they had learned as a result of participating in the program, most of them focused on the native traditions and spirituality aspects of the program, Specific comments were as follows:

- *"I learned to speak out in discussions how to set foundation and goals and the steps to accomplish. I learned about native past and present culture and religion. I learned how to handle problems with discussion and research."*
- *"I understood my problem for what it really was."*
- *"Well I learned about smudging , going to the sweat and each one of us got to say the morning prayer. Also we talked about our problem about our drinking."*
- *"A lot of spirituality and personal healing. How to act in a group talking session. Understanding about the natives having to suppress all their lives."*
- *"I have learned quite a bit about our native culture and heritage and also how to better prepare myself for entry into a treatment program."*
- *"Group therapy, public relations, social development. How to control your emotions and learn traditional ways."*

- *"I feel that I have an option to the abusing lifestyle I use to live. I now have an identity."*
- *"I feel I learned more about my self and my past than I have ever known before, also about tradition culture and spirituality."*
- *"This program can become a good one as long as the spiritual teachings are kept. But Elders are really needed in this program."*
- *"We can help one another."*
- *"A lot about assertiveness and spirituality."*

As can be seen in Table 5-8, at discharge from the institution 6 inmates were planning to get support/recovery, 8 were planning to go to a treatment centre. Nine were planning on finding a job.

TABLE 5-8
Effects of Program on Client (William Head)

	N	YES		MAYBE		NO	
Discharge target:							
• back to family	9	77.8	(7)	0.0	(0)	22.2	(2)
• recovery/support	8	75.0	(6)	12.5	(1)	12.5	(1)
• to job	10	90.0	(9)	0.0	(0)	10.0	(1)
• to school	10	40.0	(4)	10.0	(1)	50.0	(5)
• to other treatment centre	11	72.7	(8)	9.0	(1)	18.2	(2)
• other – start a business	1	100.0	(1)	0.0	(0)	0.0	(0)
sell art	1	100.0	(1)	0.0	(0)	0.0	(0)
halfway house	1	100.0	(1)	0.0	(0)	0.0	(0)

Inmates participating in the William Head Pre-Treatment Program provided numerous comments on what they experienced while in the program, what they liked and didn't like. These comments can be summarized in the following categories:

a) Attitudes toward the appropriateness and benefits of the program (goals, philosophy, activities) for inmates

Respondents expressed gratitude for the opportunity to learn about their spiritual and cultural heritage, and indicated that this knowledge had given them a different perspective on their lives and their problems. Following is a sample of comments:

- *"I think the pre-treatment course for natives is good course to have in an institution. It is pretty informative on the spiritual and cultural aspect of the course."*
- *"I have always wanted to learn about my native history but I never had the courage or ambition to do anything about it, and now I have a chance to learn and participate. I am learning a lot of spiritual culture, tradition and history. Basically the history is more interesting to me because I am learning about the source of my addiction and to deal with the source of the symptoms, this is something that I never noticed before. I was always trying to fix the symptoms but now I know that I have to deal and accept the source of my addiction."*
- *"Before this program I never admitted to myself that I had a drug problem and now I have which I feel is the first step on rehabilitation ... I found myself opening up which is a first for me ... I would like to let everyone know that I have benefitted a great deal from this program just on getting to know myself and the problems within myself and feel I will benefit even more when I return to the program. I find it very interesting and find myself willing to learn more and to deal with my drug problem which I never cared*

to do so before this. I feel this is a great learning program and hope the program can help other inmates or people throughout the jail system."

- *"Learning the spiritual side of myself has opened many new doors for me. I have found a new identity that is different from the identity of a criminal."*
- *"... I learned different ways of looking at different problems that I have encountered in life. It was explained in a different light and a base on how to start to deal with the build up of negative forces before they get out of hand."*
- *"... other programs neglect to go beyond that which is the superficial responsibility of the substance abuser. This program by going beyond that gives one a base of reality to be responsible for one's own pride and will power."*

b) Attitudes toward the two counsellors and how treated

Survey respondents on the whole were quite pleased with the counsellors, specifically since they were native, and had had substance abuse problems, which enabled them to relate to the issues faced by the inmates. A sample of comments is provided:

- *"... the knowledge they shared is helpful to native people because of past experiences and background on native culture."*
- *"... my opinion was heard and they understood from where I was coming from and knew the help I needed."*
- *"... able to trust them."*

c) Attitudes toward specific sessions

Inmates did not provide many comments on their likes or dislikes of specific sessions. The most common response was that the Elder Session would have been improved by the presence of an Elder. Types of responses included:

i) What liked

(no comments provided by inmates)

ii) What didn't like

- (Elder) *"There is a problem in this area. An Elder here would help this program a lot."*
- (Assertiveness Training) *"Just didn't think it was applicable."*
- (Personal Care & Homework Time) *"I have always disliked homework."*

d) Overall, what liked (was satisfied)

Comments showed an enjoyment of the spiritual and group sharing aspects of the program, as illustrated by the following remarks:

- *"I liked the discussion on Indian culture, the addictions (different kinds and causes), the circle talks and discussions on everyday native problems in North America."*
- *"I liked the discussions we had. Everyone had put in their honest opinions and the topics varied from time to time. I got a friendly warm feeling from them."*
- *"I have enjoyed learning about native spirituality and cultural values."*
- *"The group sharing, and the smudge in the morning."*
- *"The spiritual, cultural aspect of the course."*
- *"Learning about the native culture."*

- *"A lot of things, like spiritual purification, pipe ceremonies, songs, smudge. These things are needed in this program."*
- *"What I liked the most about the program was the fact that we focused a lot on spirituality, and that the course was an all native program."*
- *"Very satisfied – I see the stupidity in needing expensive illegal things to enjoy what I can naturally."*
- *"Very satisfied – It's good to have a native teacher to teach us our native values and to prepare us for treatment."*

e) Overall what didn't like (was dissatisfied)

There were no significant dislikes expressed about the program. A few inmates mentioned the excessive length of the program, although they did not specify whether daily length or overall length was the problem. Also mentioned was the changing of instructors as a disruptive influence, though the replacement instructor proved to be satisfactory to participants. A sample of comments follows:

- *"The length was outrageous. The changing of instructors, although the replacement was a well picked person."*
- *"Not enough academic resources available, because group didn't want paper work.*
- *"The length of time was too long."*
- *"The big book, this is not needed in this program. Some can be used, but isn't needed when we have the kind of things we have above."*

5.6 William Head Institution Satisfaction with Program

William Head staff provided their thoughts on native offenders and their needs in a questionnaire, to which nine staff members responded. Staff members were asked for their suggestions on program issues such as referrals, inmate termination from program, attendance and rule enforcement. Opinions were generally quite divided on these issues, and no clear consensus emerged. However, staff members were, in general, quite understanding of the native substance abuse problem and its underlying causes. Staff also commented on the success of the existing Pre-Treatment Program, and were united in their belief of the necessity of native leaders for the program. A sampling of their comments is provided:

> *"Pre-treatment program offered at William Head appears to have been very well attended and received."*
>
> *"... I suggest that the program be shortened during the day of 1-2 hours and extended to either 6-8 months long. After observing the pilot project I never witnessed any outside Elders speak to the group. This I believe is crucial to the program. Outside contact with spiritual leaders is essential to its success. Also we can't afford to hire incompetent instructors. We need highly qualified natives that are committed to helping. Every time an instructor is not screened properly the people needing the service will be lost. Maybe it will be their only opportunity because it is a sure fact that once on the street no one is going to provide this type of programming for free."*
>
> *"This program will make it only if some of the following points will be respected. 1. Don't push it down the inmate's throat, make him wanting to be part of it. 2. Good staff selection, if at all possible also native. 3. Involve family, community, friends and other inmates. 4. Education. 5. Use native ways to overcome problems."*

The course coordinator also commented on the program, at the time of its one month evaluation. Although he expressed some concern over the impact of the first course instructor's absenteeism and its impact on program participants, he felt assured that the replacement instructor would compensate for the program's loss. His comments were generally quite favorable, and a sample follows:

> *"The first month of the course encouraged Natives to understand and experience their 'roots'. There is the opinion that this certainly is an integral component to establishing some stability, however, traditions and culture alone would not constitute a panacea to solving a substance abuse problem; this is especially true when one considers that these Natives are eventually faced with a complex modern socio-economic structure. Understanding of culture and traditions are important variables to establishing a base for strength in identity and personal pride.*
>
> *"It is apparent (the counsellor) provided the building blocks necessary to build this base. The recognition is certainly there for a real need for Natives to regain an understanding of their history and culture as it relates to their present drug and/or alcohol problem. (The counsellor), in providing these initial stages, allows for the many other viable vehicles to be utilized in bringing one to focus on his addiction."*

The course instructor made several comments about the rules and boundaries of the prison environment as a distracting and negative influence on the program.

> *"Presenting a pre-treatment program to a group of inmates who live by such strong prison codes and laws made it difficult to approach this project through the traditional way of counselling and presentation of materials . . . the correction system with all its rules and regulations, both written and unwritten, is so well entrenched that it makes for a very difficult learning and healing environment . . . . the energy between staff and inmates is constantly strained and causes dysfunction in the circle . . . the group progressed to the point of sharing more in the circle and weren't as edgy. The codes of not talking to certain people in the prison was discussed."*

It is apparent the instructor became involved in the conflict and barriers within the prison system and that this detracted from his ability to remain neutral but connected to both the inmates and the institution staff.

The second course instructor/counsellor entered the program with some of the ground work already established. While the history of anger and resistance was present, he was able to move beyond this to build trust and rapport with the inmates while also building good communication and rapport with the institution staff.

5.7 Follow-Up Status on Participants

Six months following the end of the program, a follow-up was conducted on what had happened to the 14 inmate participants.

- 2 had completed treatment at a residential substance treatment centre (one at Round Lake and one at Tsow-Tun Le Lum).
- 2 were currently in treatment at Tsow-Tun Le Lum Treatment Centre.
- 1 was currently in treatment at Round Lake Native Treatment Centre.

- 1 inmate was on full parole, living in Whitehorse and selling art.
- 1 inmate had been released and was doing well living with his brother.
- 1 inmate had been transferred to a minimum security facility.
- 3 inmates were still at William Head but doing well.
- 1 inmate had been transferred to a violent offenders program.
- 1 inmate is still at William Head but will do maximum time as he is extremely manipulative.
- 1 inmate is still at William Head and still displays attitudinal problems.

In summary, five inmates have been released and went to treatment. Two have been released and are doing well in the community. Four are still in institutional care but are doing well.

5.8 Summary

At William Head Institution, the program got off to a rocky start because of the way in which the inmates were told they had to attend a program that many of them didn't want. Resistance was demonstrated through tardiness, absenteeism and poor group interaction. However, the focus of the Program on Native History, traditions and spirituality was effective in "drawing" the inmates into the program. The counsellor/instructor was able to use native spirituality as a way of relating and "connecting" to the inmates. Unfortunately because of the anger of the inmates toward the institution, the counsellor was placed in an untenable position of appearing to form allegiance with the inmates against the institution.

The second instructor was able to establish a more neutral relationship with the inmates and to build on the foundation of native culture to address issues of alcoholism and treatment. The inmates appeared to learn a lot of information as a result of the program but didn't seem to develop emotionally, within themselves and between themselves (as happened with the Mountain Institution inmates). They tended to focus on what they had learned cognitively instead of what they learned emotionally. It would seem the instructors were not able to penetrate the barriers and "walls", these inmates have erected to cope with their lives and institution living. Perhaps the fact they did not voluntarily choose to attend the program is a sign they were not ready to open up their "soul".

Despite this emotional resistance, most of the inmates reported they liked the program. Eleven of the 14 program participants were reported to be doing well; five of them had completed (or were in process of completing) substance abuse treatment at either Round Lake Treatment Centre or Tsow-Tun Le Lum Treatment Centre.

Institution staff also indicated strong support for the program feeling it was quite beneficial to the inmates. Recognition was given to the need to recruit voluntary participants and to have the right type of instructor/counsellor – one who can remain neutral between the institution and inmates yet establish good trust and connectiveness with the inmates, as well as the prison case management officer.

6.0 CONCLUSION AND DISCUSSION ON PILOT TEST SITES

In conclusion, it can be said implementation of the Native Inmate Pre-Treatment Substance Abuse Program at Mountain and William Head Institution as demonstration sites for pilot-testing the program model was most revealing because it yielded valuable information on how different yet effective the program could be to native inmates with substance abuse programs.

It is very clear the program was viewed by both inmates and institution staff as beneficial; resulting in much learning and attitude/behaviour changes for most of the participants – but that the nature of learning was quite different for participants in the Mountain Institution Program versus participants in the William Head Institution Program. The program at William Head was much more intellectual and educationally/cognitively oriented resulting in new knowledge about substance addiction and how to change one's lifestyle. The program at Mountain Institution was much more emotional and therapeutically oriented resulting in greater awareness of personal issues (and how they relate to addictive behaviour) and changes in how a person relates to others (i.e., in terms of being able to trust, be honest, communicate openly, etc.).

The differences in the program appear to be a function of both the style of the instructors/counsellors who delivered the programs and differences in the needs of the inmate participants. At Mountain Institution the inmates were, as a group, very emotionally "needy" individuals who were already grappling with issues of personal grief, abusive childhoods (physical and sexual), poor social relationships, poor self-esteem and a criminal history of sex-offending. Because of these needs, the participants were able to "bond" together as a group to explore issues and share feelings. The counsellor encouraged this self-growth and self-exploration.

At William Head Institution, the inmate participants were young men who were probably more socially functional and more emotionally independent, (or tough) – thus they did not "bond" together as an emotional group needing to talk and share personal feelings. These individuals were more comfortable talking about concrete information and about their overt behaviour than dealing with feelings and emotions. The two instructors at William Head both promoted this kind of intellectual development, one instructor focusing on native traditions and spirituality and the other instructor focusing on substance addiction (its nature and impact) and on how to maintain abstinence and a criminal-free lifestyle.

Both programs were able to evolve "naturally", in an unstructured unplanned way because the program model was so ill-defined and unstructured at the start. The instructors/counsellors were required to "fly by the seat of their pants" and thus programs were implemented based on sketchy ideas and concepts, some draft curriculum materials and, most importantly, the "real needs" of the inmates participating in each program.

At this point, given the actual natural evolution of the programs at Mountain and William Head, one needs to compare the resultant programs with the actual research findings and the originally proposed program model. The research findings and the originally proposed program model pointed to an educational/life skills type program that also dealt with issues of trust, denial, defense mechanisms, poor social skills and all the other barriers to accepting intervention and recovery. The resultant programs were consistent with this information but with one focused more on one end of the scale and the other focused more on the other end of the scale. The results of these pilot testing *both types of models are acceptable and appropriate depending on the needs and character of the inmates participating.*

However, some elements of programming recommended during the research and development phases of the project were not implemented or delivered. There was a need expressed for more training and education by prison staff on the nature of substance addictions, its role in the antisocial and criminal history of native offenders and how intervention and treatment is critical to the recovery of the native offender. The orientation workshops at both institution sites failed to provide sufficient education and training of institution staff. If anything, all these orientation meetings served to do was to create confusion and some tension about the ensuing programs to be implemented.

If planned and conducted properly, the orientation workshops could have been more productive, serving three purposes:

1. education and training of institution management and staff on substance addiction among native Indians and how to intervene/treat the native offender.

2. development of a commitment by the institution to substance abuse programming for the native inmates.

3. planning of the focus and format of the program to actually be delivered at the institution targeted (since the focus and format of the program can vary according to the needs of the targeted participants).

The orientation workshops at Round Lake Treatment Centre and Tsow-Tun Le Lum Treatment Centre was effective in opening the doors of the treatment centres to referral of native offenders. However, the workshops needed to have provided more information to treatment centre staff on the varied needs and characteristics of native offenders, on how to understand and function within the prison system, and how to treat the native offender.

The orientation workshops also failed to establish a common link of understanding, cooperation and coordination between the institution and the treatment in regards to serving the native inmate while in the institution and upon his release. [3]

Another recommended element of the Pre-Treatment Program that never materialized in the actual programs delivered at Mountain Institution and William Head Institution was a true Family Systems continuum of care intervention model involving the inmate, family members and community in a process of pre-treatment, intensive treatment, recovery and rehabilitation extending from the period of incarceration to a residential treatment facility to the reserve community.

Development and delivery of this type of intervention model was not possible given the limitations of the project to research and deliver an eight week program model. An attempt was made to include representations of the surrounding native communities in the orientation workshops and certainly the opinions and needs of community were sought during the various research phases of the project. But family members and home community sponsors of specific inmates participating in the programs at Mountain Institution and William Head Institution were never actually involved in the pre-treatment program delivered. This seemed to be a function of both lack of time on the part of the counsellor/instructor to organize and involve family members and community sponsors in the treatment process, and lack of "know-how". Since the inmates come from placed all over the province, how does one involve family members and community sponsors? What is their role? Are they sources of dysfunction themselves or sources of support to the inmates? Institution staff expressed considerable skepticism about the practicality and relevance of involving family members and a community sponsor in institution-based programming.

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[3] Subsequent to the orientation workshops, Tsow-Tun Le Lum initiated further liaison with William Head Institution resulting in several referrals by William Head inmates to the treatment centre.

Further attention must be given to considering the role of family and community in the intervention/treatment process of the native offender. It is not sufficient to "talk about" a family systems, continuum of care model of intervention in theory, without the mechanics and process of "doing it" being developed and described in a way comprehensible to all.

7.0 A SUMMARY: COMPONENTS 0F THE FINAL PROGRAM MODEL AND CURRICULUM MANUAL

The Native Inmate Substance Abuse Pre-Treatment Manual[4] was finalized based on the results of the research review, the draft curriculum materials prepared prior to The Program Pilot Testing Sites and the experiences of the actual test site programs at Mountain and William Head Institutions.

The curriculum content has been developed as follows in one-week units.

Unit I:	This unit focuses on assisting participants to understand dynamics of group cohesion and to give the group functional tools to that end. The participant will be offered experiential exercises that will build trust, define roles, responsibilities and structure.
Unit II:	This unit focuses on assisting participants to understand the process of self-discovery, to begin the process of healing and to develop responsibility for positive change. Participants will begin to identify "entry points" to recovery or continue a recovery process already begun.
Unit III:	This unit focuses on assisting participants to learn what addiction is and how it affects the addict. The participant will come to understand the physiological effects of alcohol an other drugs on the body. Participants will come to understand intervention as an important step to recovery. Participants will indulge in various recreation, relaxation and meditation exercises.
Unit IV: Part A	The purpose of this unit is to assist participants to further understand the dynamics of the family and to use that understanding in their own recoveries. The unit will help the participant understand the effects of alcohol on the family. The participants will also be familiarized with the topic of sexual abuse and its impact on the individual, the family and the community.
Unit IV: Part B	The purpose of this part of the unit is to have participants review the program content to date, and to be introduced to Native history. Participants will be also introduced to the concept of grief, – to stages of grieving, its causes and symptoms in a person's life and the process of healing.
Unit V:	During unit five week, the participants will be encouraged to develop an awareness of the advantages of a personal, long term recovery plan, will learn to communicate an awareness of personal issues that affect them on an individual basis and will come to understand the concept of relapse and how to avoid it.

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[4] The Native Inmate Substance Abuse Pre-Treatment Manual is available from the National Association of Treatment Directors, Calgary, Alberta.

Toward the end of the week, the participants will once again be introduced to sex and sexuality.

Unit VI: The final unit includes a wrap-up and review of all previous activities. The activities in the final phase are non-intensive, should be considered "wind-down" activities and should include lots of recreational and relaxation exercises.

8.0 A SUMMARY: INFORMATION HANDBOOKS

1. Handbook for Counsellors Involved in Pre-Treatment Programs for Native Offenders

It is important to involve substance abuse counsellors in the development and implementation of pre-treatment substance abuse programs in penal institutions for native offenders. To work with the penal institution, substance abuse counsellors need to understand the prison environment and to know the policies and procedures under which the institution operates.

Following is a listing of the content contained in the "Handbook for Counsellors Involved in Pre-Treatment Programs for Native Offenders [5] "developed by the National Native Association of Treatment Directors.

1. The goals and objectives of a pre-treatment program
2. Appropriate inmate participants
3. Institution Support for Inmate Programs
4. Institution Committees
5. Institution Offenses
6. Inmate Discipline
7. \`Inmate Grievance Procedures
8. Inmate Consent to Release of Information
9. Conduct and Performance Expected of Helping Professionals
10. Policies and Procedures regarding "outside" programs
11. Guidelines on how to behave towards inmates
12. Responsibilities and tasks of pre-treatment counsellor
13. Inmate rights and responsibilities re:
    - visits
    - contraband
    - telephone communication
    - correspondence
14. Inmate release and discharge conditions
15. Security and safety policies and procedures
16. Visitor security procedures

The handbook emphasizes that each institution often has its own way of dealing with its inmate population. Thus it is important for every professional working in a particular institution environment to read the Institution Inmate Handbook. Substance abuse programs for the native inmate must function and "work" within the roles of this prison environment if they are going to succeed.

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[5] The Handbook for Counsellors Involved in Pre-Treatment Programs for Native Offenders is available from the National Association of Treatment Directors, Calgary, Alberta.

Treatment counsellors and instructors who deliver these programs or liaise with the inmates from the outside must understand this system in order to understand and address the needs of the inmates. The needs of the inmates can be effectively met if the treatment system is flexible, responsive and open to understanding, accepting and working within the constraints of the correctional system.

2. Treatment Centre Guidelines

Guidelines [6] have been developed for treatment centres considering the entry of native offenders into their residential program. These guidelines have been summarized as follows:

1. Criteria for Pre-Treatment Participation

   Inmates, treatment centre staff and institutional personnel have identified criteria for participation in the Pre-Treatment Program. These criteria specify inmates of Native ancestry who have a substance abuse problem and who are motivated to obtain treatment for chemical dependency. It is preferred that inmates volunteer to participate in the program. The inmate's degree of commitment may be confirmed by the observations of institutional staff.

2. Criteria for Entrance to a Treatment Centre Facility

   Treatment centres accept participants similar to those identified in the Pre-Treatment Program. In addition, where inmates are concerned, the centres prefer that the inmate has completed his sentence or is on full parole during treatment. Experience with independence before entering treatment rather than direct entry from the institution is preferred. Independent living gives an opportunity for the inmate to show a commitment to treatment and whether or not he will return to substance abuse and/or criminal activity. In addition, many treatment centres are reluctant to accept ex-offenders with criminal history involving sexual or violent offenses due to the need for specialized treatment.

3. Treatment Centre Guidelines

   a. Treatment Centres should establish interview guidelines in considering admittance of offenders or ex-offenders.

   b. Two (2) members of the staff should be assigned and trained to work with offenders or ex-offenders seeking application to attend treatment. (Establish primary contact procedure with inmate and Parole Officer).

   c. The two (2) staff members assigned in this capacity may also serve in a liaison capacity to the various Institutions. Establish protocol for contact procedures, requirements and communication.

   d. Either one of the two (2) assigned staff members may be responsible to arrange through the Federal Solicitor General's Department or other agency a qualified resource person to provide seminars to the staff of the treatment centre regarding the psychology of various criminal behaviors or related information.

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[6] The complete "Treatment Guidelines" document is available from the National Association of Treatment Directors, Calgary, Alberta.

e. treatment Centres should liaise with various agencies who may interface by providing support services in their efforts to work with this target group. e.g., Native Inmate Liaison Workers at AIMS in Vancouver, Citizen Advisory Groups (which all Institutions have) community colleges providing employment and training programs to inmates/offenders, Halfway Houses working specifically with offenders on parole, Parole Board Members, Parole Officers, etc.

   Create a Contact Directory with names and phone numbers and addresses. Plan official visits and contacts. Share information regarding Treatment Centre services/programs as well as information regarding addictions treatment newsletters, publications, etc.

f. Before accepting offenders/ex-offenders into treatment, provide orientation to staff including exploration of staff attitudes towards this target group and various crimes. Attempt to resolve staff issues as well as providing support strategies.

g. Work with institution staff and Native Brotherhoods to introduce your Centre's programs and services to Native Inmates.

h. Should a pre-treatment program be implemented in your Province, invite the Program Coordinator to your centre for information sharing and orientation.

i. Establish a positive working relationship with the Warden and Deputy Wardens of institutions.

j. Institutions need your treatment centre's support and services. Maintain your standards and communication strategies.

k. Become familiar with this handbook, it provides concise and up-to-date information on institutional environments, protocols, programs and relationships in the community.

9.0 A SUMMARY: RESULTS OF COMMUNITY RESEARCH PROJECT

Research [7] was conducted in native communities to ascertain what support and programs exist within native communities to facilitate the successful transition of native parolees back into their home communities, and to recommend the role of the community in the recovery and return of these individuals.

Specifically the research sought to:

1. determine what is available on reserves for support mechanisms for the ex-offender and what is desirable.

2. examine attitudes towards ex-offenders returning to reserves and their impact.

3. determine what role the community/family plays in the re-integration of the ex-offender.

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[7] The complete research report is available from the National Native Association of Treatment Directors, Calgary, Alberta.

4. determine what the ex-offender perceives his needs are for successful re-integration into reserve community life.

5. determine what community needs are in relation to the institution.

Interviews were conducted with nine inmates from William Head Institution and with 23 band residents from four Indian reserves.

Feedback From Inmates

Characteristics of the nine inmates were

- average age 24-31 years of age
- two inmates married, one common-law, two single and four separated
- average grade completed is Grade 8.3
- average number of prior convictions was 4.8
- average sentence was 3.7 years
- all except one inmate identified a dysfunctional family background
- all reported being under the influence of alcohol and/or drugs during the period of the offense
- violence and alcohol were present in all offenses

During the period of the interviews there were approximately 25-30 native inmates at the institution. Using the nine interviews as the data base, a profile of the Indian inmate would be characterized as follows:

> The typical Indian inmate at the William Head Institution is approximately twenty-seven (27) years of age, single or separated, has a dysfunctional family history, is from an urban background with less than a Grade 8 education. He has probably come into conflict with the law at a very early age, has been incarcerated four times with alcohol related offenses that initially were non-violent, and as time passed, offenses became violent in nature, cumulating in federal time with a sentence of three years.

As indicated in previous discussions, only three of the inmates had grown up on and continued to reside on their home reserves, one inmate had lived on a reserve for the last nine years (not his own). Like the remaining six men interviewed these three had spent the majority of their adolescent and teen years in foster homes, juvenile homes or "on the streets".

Questions 3 - 5 were designed to determine the level of awareness, the degree of participation and the inmate perception of institution program effectiveness.

It is important to note that many of the program/opportunities require a Grade 10 entrance requirement and that only three of the inmates interviewed fulfilled that requirement. Of these three inmates, one had completed all programs available and was presently enrolled in university classes.

It is equally as important to note that while all programs are identified as optional they are perceived as mandatory by the inmate who is attempting to obtain an early release. Nevertheless a significant percentage of the inmates reported that they would continue their involvement in native life skills and the Native Brotherhood even if participation did no impact on "early release". A portion of the inmates disclosed that AA and the Native Alcohol and Drug Abuse Program were primarily seen by themselves and other inmates only as requirements for early release, not programs they voluntarily utilized.

It is difficult to differentiate between what the inmate could identify as the principle cause for the first term spent incarcerated and the causes of recidivism. Inmate responses often included a number of causes, for example, people go to prison for the first time because "everyone gets in trouble, but only native offenders are treated more harshly, alcohol is the problem", "they're bad, they don't realize what they are doing because alcohol makes you feel you can do anything", and "poverty, it depends on how stable the guy is, his environment, his home life".

Inmates believe that prejudice is also one of the leading causes of recidivism, that provincial jail sentences are too short to have successful programs and that poor legal council and ignorance of rights as the "accused" are all contributing factors to recidivism.

The focus for program improvements lies primarily with enhancing availability of native programs. Structural or content changes were not suggested, rather improvements were focussed on enhancing contact/availability of Elders for more one to one counselling and accessing more culturally relevant resource people, for example a Mohawk or Cree Elder, rather than consistent West Coast Elders.

Inmates suggested that the native programs were not recognized as valuable by officials and recommended that this phenomena be addressed and that the development and improvement of the crafts (carving) program be initiated as well as expand to include silver-smithing. Carving was seen as a viable means of producing revenue on release, and for native people who have difficulty obtaining jobs in the mainstream it was viewed as the most desirous of skills to develop.

In general, the inmates discussions of program improvements stemmed from a real separation from access to other programs i.e., trades and a commitment to and/or interest in developing/maintaining a culturally relevant program, however this does not discount the popularity of the native programs.

The general response was an expressed desire by eight or nine inmates to access training/education to find employment. Three of the inmates hoped to attend a more native ABE program in anticipation of trades training. Only two respondents had plans to return to the reserve after training/education. Four respondents disclosed that without any type of pressure they would enter an addictions treatment program and two felt that residence in a half-way house was necessary to ease their transition into society. One respondent did not know what his plans would be.

Feedback from Community Respondents

Twenty-three band residents from four reserves were asked to discuss people they had known who had been incarcerated.

Respondents were asked for each of the 40 cases studies if they thought that the person discussed would return to prison. Nineteen responses were positive; "yes, they would go back to jail". In 13 instances they were not sure and only eight positive outlooks were predicted.

Of the 19 responses all were related to behavior associated with alcohol consumption although only six directly attributed the return directly to alcohol induced activities. For example, it was suggested twice that if the ex-offender had gainful employment he would not abuse alcohol and therefore stay out of trouble, or if he did not drink he would not be violent.

The eight individuals who would not return to prison seem to have little in common except the nature of their charges were identified as "serious" for seven of the eight ex-offenders the initial response to their return was negative for six offenders and six were or had been involved in an addictions program either in prison or on the reserve. Four of the eight were from the same reserve which is described as small with a high degree of family loyalty (most respondents were related and disclosed that almost everyone living on the reserve was related).

Of the 40 cases studies, 19 had not used reserve programs, only ten reasons were cited singly and there appears to be no common element to the rationalization.

Of the 17 case studies who have or will use programs on the reserve, 11 of these are in the addictions area.

Awareness of prison life is minimal. Respondents were aware of 18 ex-offenders involved in programs but could not say for sure which ones. Typical responses were, "something to do with training, carpentry, mechanics or something like that" and "something to do with alcohol or drugs." Twelve respondents were not sure if the ex-offender had been involved in any of the programs.

There are indications that there are surprisingly low levels of awareness for most services, other than the awareness of the treatment centre (present on three of four reserves). For example, on Reserve #2, four human service workers, one Band Councillor and two homemakers were interviewed. Of these seven individuals, five listed the treatment centre, four listed the Bible study group, the NNADAP field worker and the welfare workers as programs, three listed the AA program, while resource people, a spiritual program the parent support group was listed only once.

The services the 23 respondents identified as being beneficial to the ex-offender, are self explanatory. The three most frequently cited suggestions were more counsellors who would specialize (14), more education programs (8) and more involvement of the band in sentencing. There were three suggestions for a reserve treatment centre from the only reserve which did not have one.

Possible ways of addressing high rates of incarceration supports the suggestions made for desirable services on reserves, except that less emphasis is placed on cultural programs.

On a more individual level, respondents believed that as a community more home and prison visits, the coordination of more sober recreation activities, more volunteerism, a stronger stand against alcohol consumption and others would reduce recidivism and incarceration.

No employment opportunities, poor support or lack of support systems, family dysfunction, alcohol abuse and poor self-esteem are the most frequently cited problems in meeting the needs of ex-offenders.

It is apparent that the socio-economic conditions most reserve Indian people live with impact the rates of incarceration. The most frequently cited causal agents are alcohol abuse, family dysfunction and identity crisis. Little or no economic development activity on reserves and few opportunities for enhancing employability are perceived as the causal agents for recidivism.

However, the emphasis on the positive impacts on the revitalized use of Elders in all types of programming, both in prison and on reserve, suggests that perhaps mainstream models for counselling and treatment for addictions are less useful than the traditional use of Elders for healing.

On the reserve level, it was an expectation by the community respondents that 80% of all offenders would be returning to the reserve, however at the William Head Institution only 11% of offenders indicated they would be returning to a reserve and this would be only if they finished their training and could find work. This conflict in statistics can be explained by the absence of consultation with "provincial jail" inmates, however it might indicate that the graduation from the provincial jail to the federal prison is more common within those Indian people who have been separated from their reserves (seven of nine federal inmates had a background of foster homes as children).

Contrary to popular belief the type of offense has little to do with the attitudes towards the offenders. Rather the "character" of the ex-offender and his familiar status or the reserve underlies the reception, as evidenced by the responses to the three sexual offenses on one reserve. As well, the degree of perceived non-negative reception to returning ex-offenders might be interpreted to mean that the reserves are a supportive and forgiving community, but there also are indications of a "hopeless case" mentality statements such as, "I guess he sees it (change in lifestyle) as a choice between his family and changing", and "it's a gang type family, they keep to themselves", suggests that for certain individuals incarceration is viewed as inevitable and not even an issue.

Indications of family loyalty and community unity were predominant on one reserve (#4). This reserve represents 50% of the predicted successful re-integration of inmates. However, the descriptions of the observed responses indicate otherwise. In fact, it might appear that on this particular reserve family and community loyalty are dysfunctional. Statements such as, "I guess they want to deny it happened":, "the community wants to feel it's perfect and, for a sex offender", "the girls (his children) are gone so it's over". Many respondents disclosed during the interviews that although very few members go to jail, the problems are there. Because of close family relationships they are hidden and would remain so.

It has been suggested that even if the perceived needs for the ex-offender (specialized counselling and increased education/training opportunities) were met, the lack of economic development (jobs) remains. The ties to the reserve are both functional and dysfunctional. The family support system and services are on reserve, while the jobs and training are elsewhere.

The lack of participation in the institution in the ABE Program and the release plans indicate that native programming/separation is required, and that mainstream ABE programs are not used because the potential clients feel uncomfortable in that environment.

The limited response to the need for and use of AA programs contrasts sharply with the success of the native life skills and use of Elders for healing. This indicates that for non-apparent reasons advice and relationships with Elders are more desired and more effective for preventing recidivism.

Most respondents, including the inmates, had difficulty discussing programs for meeting the needs of the ex-offender. Instead much of the discussion and even recommendations were geared towards prevention. Underlying their discussions was an obvious belief that upon entry into the justice system the offender is introduced to a new lifestyle that is easier, more consistent and accepting. He enters an environment where choices are limited, real comraderie exists, the "short-time" is non-threatening and basic needs are met, thereby justifying the call for increased band involvement in sentencing.

The need for more services/programs on reserves is obvious, however, the absence of awareness and networking indicates that perhaps better utilization of existing support (both formal and informal) is a pre-requisite for the introduction of new systems.

Recommendations

1. Develop community-based treatment and recovery programs for substance abuse problems through the following actions:
   a. Examine the use of AA as the principle support system for treatment and outside support .
   b. Ensure that treatment programs for offenders include a section on finding support systems and accessing programs.
   c. Ensure that treatment counsellors receive more training to enable them to break the "ties" that the ex-offender has developed with the justice system.
   d. Examine "mandatory treatment" more fully as a possible means to address recidivism.
2. Enhance or develop other services on reserve for the ex-offender such :
   a. That a method of networking be formalized for more effective referral.
   b. That whenever possible Elders be used as resource people and for one-to-one counselling.
   c. That the need for more support systems be addressed through "peer support groups".
   d. That "recreation" leisure lifestyle be addressed through Elders and the school system.
   e. That "reformed" ex-offenders be used where possible as role models for prevention.
   f. That specific individuals be encouraged to understand the role of peer support groups and receive some instruction in coordination.
   g. That the continued development of a system for increased band involvement in sentencing be encouraged to determine alternatives to incarceration.

The goal of substance abuse and other services on reserve for the ex-offender should be to access and commit the ex-offender to treatment, recovery and improvement in their life. The programs should also represent an attitude in the community that recovery, staying out of prison and being a productive member of the community is an expectation the community has for the returning ex-offender. While acceptance and support for the ex-offender returning home is important, this should not be interpreted as tolerance to the point of apathy — i.e., that it does not matter what the individual does with his or her life.

10. DISCUSSION: ISSUES AFFECTING PROJECT PHASES AND OUTCOME

This project to research, develop and test a pre-treatment substance abuse program for native Indian inmates within federal correctional institutions consisted of numerous components that were planned to occur in succession, each phase building on the knowledge of the previous phases.

Like many complicated, multi-phased projects, this didn't happen. While early research produced information and ideas that added to the knowledge of the project personnel this information was not organized and presented in a timely and sufficient fashion to serve as a basis for the development of a draft program model and curriculum. The original program model and curriculum was thus developed based on the knowledge and experiences of the program developer staff person – an experienced substance abuse treatment counsellor. The program model and materials reflected the philosophy and knowledge of this individual with informal verbal input from the project staff and treatment counsellors. The resultant product was useful and guided the actual implementation of programs at the test sites, but it lacked development of many elements of programming that were later discovered to be important (revealed through the research later completed). Also it existed only in an "embryonic" form lacking the structure and organization of a fully developed program model.[8]

The lack of a fully developed program model created confusion within the institutions and the participating treatment centres, but in some ways, it proved to be a "blessing in disguise". Since no formalized structured model existed, the programs delivered at Mountain and William Head Institutions were forced to develop and evolve "naturally on the spot". This resulted in very useful learning about what these types of programs should look like.

Following completion of the pilot-test programs, the remaining components of the project were completed - the program research, the treatment guidelines and the community research. A program manual is now being completed that reflects the findings of the various research activities and the experiences at Mountain and William Head Institutions. The final compilation and synthesis of what has been learned from the pre-treatment project is contained in this report.

11.0 CONCLUSION AND RECOMMENDATIONS

The Native Substance Abuse Pre-Treatment Project yielded considerable information about the benefits of substance abuse programming within Federal correctional institutions for the native Indian inmate, what such a program should "look like" and how it can be implemented. (Lessons on what not to do were also learned).

It is apparent from the research data and the experiences of the pilot test programs delivered that the *process* of introducing the program to inmates and into the institutions is *very important* – that institution staff and substance abuse treatment counsellors from the referral treatment centre need to understand each other's system, and need to "work together" to deliver a program that "works" within the prison system, meets the needs of inmates and prepares and "readies" the inmate for referral to intensive treatment as part of the institution discharge/parole process. The pre-treatment project failed to fully accomplish this process but yielded useful information on how future programs could be better implemented.

Another point learned as a result of this project is that the intervention focus and strategy needs to be both *structured* and *flexible* in order to respond to the needs of the inmates who might be participating during a particular session. It was seen the needs of the Mountain Institution inmates were quite different from the needs of the William Head Institution inmates – subsequently the two programs evolved differently. (Although it is likely the individual styles of the counsellor/instructors was also a factor in influencing the evolution of each program).

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[8] A fully developed program model needs to specify its philosophy, goals, objectives, target population, selection/recruitment procedures, program delivery procedures, curriculum schedule and activities, staffing organization structure and resources.

Both programs, however, were similar in their overall goals to prepare the native inmate for later intensive treatment and recovery from substance addictions through breaking down the barriers of ignorance denial, defensiveness, poor trust relations, poor socializing and communications skills and poor life skills and building up a motivation to want a productive healthy and satisfying life on the "outside". Both programs were similar in their use of native culture and spirituality as a strengthening and motivating factor in the intervention process.

Both programs were also similar in seeking native inmates who want out of the justice system, are motivated to learn how to "get out" and have a reasonable chance of release within the next year.

Both programs were also conceptualized as beginning programs for the native offender – a program that should be understood to be part of an ongoing continuum of care process of education, treatment and rehabilitation.

These structured elements of the program need to be formalized and documented.

Where the program needs flexibility is in the particular curriculum focus and delivery of the program within specific institutions. The program must "work within" and "in cooperation" within the institution (the rules and process of each system can vary from institution to institution) and the program must be responsive to the characteristics and needs of the inmates — thus in one instance an educational/social learning approach may be warranted and in another instance an emotional/therapeutically oriented approach may be needed.

This type of flexibility in the program intervention focus is possible if a consultative, participatory process is adopted involving the representatives of the institution management and staff and local substance abuse counsellors in the initial planning and focusing of the program to be implemented. For example, if a program is planned for the fall of each year, two-three months prior a steering committee should form to plan and carry out the internal training and education of prison staff, to recruit a group of native inmates, to identify the character and needs of these inmates, to determine the appropriate intervention approach, to select and hire an instructor/counsellor who can delivery this approach and to determine or resolve all other program delivery and implementation issues that are particular to the institution system. The resultant program delivered under such a consultative participatory process involving institution personnel and substance abuse professionals is likely to have great potential for success.

Another lesson learned as a result of the project is how important the skills and character of the counsellor/instructor are to the effectiveness of the program. The counsellor/instructor must be qualified to deliver a program curriculum that is responsive to the needs of the participants. Most importantly the counsellor/instructor must have the integrity, self-esteem, and professionalism to establish rapport, respect and trust with the inmates while also understanding and respecting the rules and constraints of the institution system. The instructor/counsellor must be able to communicate honestly and openly with both the inmates and the institution staff knowing the appropriate boundaries of confidentiality and professional conduct.

Another element of the program that revealed itself to be critical was the use of native culture and spirituality as a method of bringing together diverse people with different backgrounds and needs and motivating them to seek higher self-esteem, to form an identity and pride within themselves as an Indian and to want a better life outside the justice system. The use of native cultural traditions and spirituality throughout the intervention process can serve as the foundation for exploring numerous other issues.

Finally, it must be emphasized that while much was learned from this project about substance abuse programming for native inmates, there is more work to be accomplished. Specifically a fully developed family systems, continuum of care model and delivery process needs to be developed and documented. The Pre-Treatment Program operating within an institution should be seen as only one component of an ongoing process. The mechanics of this process need to be identified and documented. For example, where does the inmate go after intensive residential treatment? How can family members get involved in the treatment/recovery process and when? How can the inmate be support on the "outside" whether in a reserve community or an urban setting? Many question and details of a full continuum of care program needs to be identified and described.

Thus based on the experiences and information gathered during the Native Inmate Substance Abuse Project, the following recommendations are offered:

1. Ensure use of native cultural traditions and spirituality throughout all aspects of programming.

2. Define what are the elements of a family system, continuum of care model for native Indian offenders who have substance abuse problems; specifically determining all components of the system and how they should interact to best serve the native offender. This system should specify, for each component, the roles of the individual, family, community, the justice system and the substance abuse professionals and describe in detail goals, objectives, target population, selection criteria, intake and assessment, intervention approach, curriculum content and delivery mechanisms, discharge and referral, organizational and staffing resources and mechanisms for liaison, consulting and coordination between all subsystems and components of the continuum of care.

3. Encourage the development and implementation of substance abuse pre-treatment programs within correctional institutions by means of a consultative, participatory process involving substance abuse professionals and institution management and staff and coordinated by an external professional facilitator. Incorporate pre-treatment programming into inmate "alternate sentence" planning or client case planning.

4. For corrections institutions interested in substance abuse programming for native inmates, facilitate formation of a joint steering committee involving the institution and substance abuse professionals
   - to plan and carry out the training and education of institution staff
   - to orient and recruit a voluntary group of inmate participants
   - to identify the character and needs of these inmates
   - to determine the appropriate intervention approach
   - to select and hire the program instructor/counsellor
   - to determine all other procedures and processes for program delivery and implementation
   - to coordinate the actual implementation of the program
   - to manage the human and financial resources

5. Encourage development of a structured institution-based program approach consistent with the role and goals of the program within the overall continuum of care family systems model, but flexible and responsive to the needs of the participating inmates and the constraints and structures of the specific institution systems where the program is to operate.

APPENDIX:

THE NATIVE INMATE SUBSTANCE ABUSE PRE-TREATMENT PROGRAM:

MONITORING AND EVALUATION

The Cambie Consulting Group, Inc.

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The Native Inmate Substance Abuse Pre-Treatment Program

Monitoring and Evaluation Model

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TABLE OF CONTENTS

Page #

LIST OF APPENDICES

1.0 THE PROGRAM MODEL 1

2.0 COMPONENTS OF THE EVALUATION SYSTEM 1

3.0 ASSESSING NEEDS AND PROGRAM APPROPRIATENESS (NEEDS ASSESSMENT AND PLANNING REVIEW) 3

- 3.1 The Evaluation Questions 3
- 3.2 Data Gathering 3
- 3.3 Analyses Issues 4
- 3.4 The Assessment Process 4

4.0 ASSESSING PROGRAM OPERATIONAL CONSISTENCY (PROCESS EVALUATION).. 5

- 4.1 The Evaluation Questions 5
- 4.2 Data Gathering 6
- 4.3 Analysis Issues 7
- 4.4 The Monitoring Process 8

5.0 ASSESSING ORGANIZATIONAL EFFECTIVENESS (ORGANIZATIONAL AUDIT) 8

- 5.1 The Evaluation Questions 8
- 5.2 Data To Be Gathered 9
- 5.3 Analyses Issues 10
- 5.4 Data Collection Process 11

6.0 ASSESSING PROGRAM OUTCOMES AND BENEFITS (OUTCOME EVALUATION)... 11

- 6.1 The Evaluation Questions 11
- 6.2 Data Gathering 12
- 6.3 Analyses Issues 12
- 6.4 Data Collection Process 13

7.0 MAINTAINING AN ACCURATE DESCRIPTION OF THE PROGRAM MODEL (ACCURATE PROGRAM DOCUMENTATION) 13

1.0 THE PROGRAM MODEL

The Substance Abuse Pre-Treatment Program for native offenders is a program designed for native inmates in federal correctional institutions and intended to address their substance abuse problems and other related issues. The goal of this program is to better prepare the inmate for later more intensive treatment and recovery on the "outside" – by beginning work, while still in the institution, – to break down the barriers of denial and "toughness" – that are interfering with the offender adapting to the "outside" residential treatment environment.

Pre-Treatment deals with issues such as building trust, changing attitudes that are a barrier to treatment and recovery, breaking down denial and other defense mechanisms, resolving anger and grief issues, strengthening the inmate's identification with native traditions, values and brotherhood, increasing self-esteem, as well as inputting knowledge about the effects of alcohol and drug addiction on the body, on family relations, and on individual's daily functioning. The inmate is introduced to the notion of treatment, of recovery and having a productive satisfying life on the "outside". Special issues such as sex, sexuality and sex abuse may also be addressed.

The program operates as an eight week, five day a week, six hours a day program with groups of 10-12 inmates. The counsellor/instructor may assume a primary educational focus or therapeutic focus depending on the needs and cohesiveness of the participant group.

2.0 COMPONENTS OF THE EVALUATION SYSTEM

The Inmate Substance Abuse Program Monitoring and Evaluation System is composed of five components.

1. Ensuring An Accurate Written Description of the Actual Program Model.

It is important to have a description of the inmate program model in terms of its target client populations, objectives, services and treatment approaches, service delivery operating procedures, its staffing and administrative structure and procedures and its networking relationship with other agencies. It is important to ensure there are clear descriptive statements of the program model; that the written descriptions of the program model accurately represent the actual operating program. The referral community, the government funders and clients entering the program can acquire a clear understanding of the program through its written statements. If these written statements are inaccurate, then wrong expectations for the program are created — thus the program may seem to be failing to deliver the expected program services and activities.

2. Assessing Whether The Program Model is Consistent with Community and Client Needs.

It is important to know the needs of the native inmates and of the justice community for alcohol and drug treatment services. This means understanding the nature of the substance abuse problems of native inmates; knowing where they come from and other relevant characteristics (e.g., typical age, sex, emotional make-up etc.) Clients of different characteristics and needs will need different intervention techniques (e.g. women vs. men, sex offenders versus non sex offenders etc.). Likewise it is important to know the needs of the justice community and the referral agents.

3. Assessing Whether the Actual Program Services, Activities and Operating Procedures are Consistent With the Expected (and Stated) Plans and Objectives.

The program services, activities and operating procedures need to be monitored in terms of key indicators (e.g., number of clients referred, number of no shows, number of drop-outs) and in terms of stated objectives (e.g., percentage of inmates who commit to ongoing treatment) in order to ensure the program is "doing what it was planned to do". In most cases these planned services, activities and operational procedures are critical to the attainment of program goals; e.g., to increase awareness and knowledge among native inmates about their substance abuse problems. An operational assessment should involve assessing key indicators of performance and activity concerning:

i. The appropriateness and usefulness of the referral intake and assessment process
ii. The actual volume and source of referrals in comparison to expected demand
iii. The actual characteristics of clients in the program in comparison to what was expected
iv. The actual volume and type of services delivered in comparison to the type and volume planned.
v. The level of client perceived satisfaction and completion
vi. The efficiency and relevance of the follow–up, completion and referral on procedures
vii. The quality of counselling and other program services
viii. The accuracy and timelines of all accounting and record keeping functions
ix. The quality of all program support services

4. Assessing Whether the Organizational Structure and Functions Facilitate Efficient and Effective Service Delivery.

Good program management and competent staffing is critical to the efficiency and effectiveness of service delivery and thus also to the achievement of outcome objectives. Assessing organizational efficiency and effectiveness includes:

i. Assessing the role and actions of the justice institutional system
ii. Assessing program management competency and performance
iii. Assessing staff competency and performance
iv. Assessing clarity of lines of authority and the effectiveness of decision–making
v. Assessing the quality of communication and trust at all levels of the program organization
vi. Assessing clarity and degree of consistency in the application of administrative procedures
viii. Assessing adequacy of all administration procedures to provide clear direction and action on all administrative matters.

5. Assessing whether program outcome objectives for clients and the community have been achieved.

Assessment of the degree to which outcome objectives have been achieved is fundamental to the final determination of the program's success. However these questions can not be addressed without first determining: 1) what the program is, 2) whether it is designed to meet the needs of inmate clients and the institution, 3) whether it is operating (providing services to clients) as planned and 4) whether it is organizationally efficient and effective.

An assessment of outcome objectives includes:

i. Assessing the achievement of specific outcome objectives
ii. Assessing the impact of the program on the clients
iii. Assessing the impact of the program on the justice community
iv. Assessing the benefits of the program to the native community

The following sections of this document describe the process and instruments for undertaking ongoing monitoring and evaluation of the Inmate Substance Abuse Pre-Treatment Program.

3.0 ASSESSING NEEDS AND PROGRAM APPROPRIATENESS (NEEDS ASSESSMENT AND PLANNING REVIEW)

3.1 The Evaluation Questions

1. Does the available resources and amount of service or treatment provided match the level of need within the institution for that program.

2. Do the treatment services provided through the Inmate Substance Abuse Pre-Treatment Program match the needs of the client in terms of their characteristics, type of problems and type of services wanted?

3. Are the referral institutions satisfied (happy) with the processes of referral, intake, discharge and referral-out – and in general satisfied with their relationship with the Inmate Substance Abuse Pre-Treatment Program staff?

3.2 Data Gathering

In order to address these need assessment questions, the following information should be gathered on an annual basis:

1. The potential volume (numbers) of people likely to be referred from the targeted institution in the coming year? What additional sources of referral exist and what is the expected level (volume) of referral?

2. The characteristics of the potential referral population in terms of
    - age and sex
    - criminal history
    - institutional history (how long in, when to be paroled)
    - educational level
    - employment history
    - psychological (emotional) profile
    - cultural affiliation and practices
    - type and severity of substance abuse

3. The characteristics of the referral institutional community in terms of
    - level of substance abuse within the institution native population (e.g., 100%, 80%, 60%, 40%, 20%, etc.)
    - degree of support and commitment from the institution for treatment of native inmates
    - existence of self help groups (A.A.) within the institution
    - existence and quality of professional support/or treatment programs in the institution
    - existence of educational and life skills programs in the institution

4. The kinds of treatment services the referral institution feel they need for their people?

5. The degree to which the referral institutions are satisfied with the referral process? The problems that emerge?

6. The degree to which the referral institutions are satisfied with the discharge and referral-on planning process? The problems that emerge?

7. The total annual number of referrals made, the number accepted into the program, the number of no shows and the actual number entering treatment?

3.3 Analyses Issues

1. Is the expected volume of clients sufficient to fill the available program seats - in order to permit the program to operate cost efficiently with its present level of staffing and overhead costs? If the program is under utilized, then serious funding problems arise. A cut back in staffing and overhead cost may be necessary.

2. Is the expected volume of clients too great for the the available level of service? Does this result in long waiting periods getting into the program? Does this result in dissatisfaction with the referral process? Or a no show problem? If the demand for the residential services is too great, there may be a need to expand the program in order to accommodate more people.

3. Are there types of clients (e.g., youth, women, sex offenders, violent offenders, solvent abusers, etc.) whose needs cannot be met with the particular services offered through the program? If so, there may be a need to change or expand the range of services or a decision to consciously refer these people to a program better suited to their needs.

3.4 The Assessment Process

The process of conducting the need assessment study and evaluating appropriateness of the program will be as follows.

1. Ongoing informal feedback solicited from referral institutions and other professionals in regards to questions and data specified.

2. Annual planning review workshop (or meeting) with the Institution Program Committee and the Program Coordinator/Instructor – to review needs and characteristics of clients being referred.

3. Administration of an institution planning questionnaire (for new programs), or an institution satisfaction questionnaire (for institutions who have had programs in operation).

4. Administration and analysis of a needs assessment questionnaire every three-five years depending on perception that needs may be changing.

Once a year, between the months March-April, a planning meeting (workshop) should be held to evaluate the needs of the referral institutions. Participants at this meeting should include.

- representatives of the Institution Program Committee
- Program Coordinator/Instructor

- 2-3 representatives from the referral institutions
- a facilitator

Information to be reviewed at this meeting should include:

- past year client profile statistics
- the volume of referrals from each institution
- the number of clients on the waiting list each month (from where?)
- the number of no shows and reasons and why
- the types of clients 'turned away' from the program
- informal feedback from institutions on their needs
- perceptions and opinions expressed by meeting participants
- the results of institution satisfaction survey (as available) every 3-5 years
- the results of formal needs survey (as available)

4.0 ASSESSING PROGRAM OPERATIONAL CONSISTENCY (PROCESS EVALUATION)

4.1 The Evaluation Questions

A process evaluation (also sometimes called an operational evaluation) addresses the overall question on whether the actual program and its operation is consistent with the stated program model and planned operating procedures. More specifically, the monitoring or process evaluation questions include:

1. Are the characteristics of the actual inmate client group similar to the targeted inmate population?

2. Are the services and pre-treatment curriculum activities (type and volume) of the program consistent with the planned curriculum?

3. Are the type and volume of actual program services consistent with the goals, objectives and philosophy of the program as well as the goals and philosophy of the institution?

4. Are the procedures for managing the inmate client pfarticipants consistently and reliably followed as planned? These procedures include:
    - assessment and intake,
    - case planning,
    - case monitoring and conferencing,
    - record keeping, and
    - discharge and follow-up assessment.

5. Are the specific operational objectives of the pre-treatment program being met. (These objectives may vary from institution site to institution site depending on the needs of the inmates and the focus of treatment).

4.2 Data Gathering

In order to address the process evaluation question, the following data should be gathered on an ongoing basis for each inmate client:

1. CLIENT CHARACTERISTICS (at intake on each client)

    - institution source of referral
    - age
    - sex
    - marital status
    - type of prior criminal offences
    - present offence
    - terms of sentence
    - length of time in institution
    - remaining time to mandatory parole date
    - educational background
    - employment history
    - onset of substance abuse problem
    - amount and frequency of alcohol usage
    - type of drug abuse
    - presence of alcohol/drugs while committing offence
    - history of family violence – as victim or offender
    - nature of family relationships and support
    - nature of social relationships

2. SERVICES AND TREATMENT ACTIVITIES (for each client)

    - hours spent by each client in group discussion activities
    - hours spent by each client in individual sessions
    - hours spent by each client in life skill or educational training activities
    - hours spent by each client in other program activities (not included above - to be specified e.g. Elder's group, cultural events, recreational events, lecture presentations etc.)

3. CASE MANAGEMENT ACTIONS (for each client)

    - referral documentation completed (yes, no),
    - intake interview conducted (yes, no),
    - problem assessment conducted (yes, no),
    - daily client progress recorded (yes, no),
    - client daily attendance by activity record (yes, no),
    - weekly client treatment progress conference (yes, no),
    - discharge information recorded (yes, no),
    - consultation with client on continued treatment plan (yes, no),
    - consultation with home community sponsor (e.g., family member or agency sponsor) (yes, no),
    - follow–up assessment.

4. CLIENT SATISFACTION AND PERCEPTION OF BENEFITS

    - feeling of receiving trust, respect and support from staff,
    - appreciation of the cultural activities,
    - appreciation of the need for rules and order in one's personal life,

- satisfaction with services received,
- satisfaction with the relationship with the counsellor,
- satisfaction with the relationship with other inmate participants,
- satisfaction with group sessions,
- satisfaction with the various education/life skill sessions,
- satisfaction with elders program,
- satisfaction with individual counselling session,
- satisfaction with AA sessions,
- perception of change in attitudes about liking self,
- perception of change in attitude about abusing substances,
- perception of change in attitudes toward human relationships,
- perception of change in attitudes toward work and employment,
- change in knowledge and skills on how to interact with people,

5. CLIENT COMPLETION (on each client)

   - number of (sessions) weeks completed,
   - reason for non-completion

6. COMMUNITY SPONSOR PARTICIPATION AND SATISFACTION (only if applicable)
   - the type and source of community sponsor
   - the relationship of the sponsor to client
   - type and frequency of participation
   - nature of ongoing relationship with program staff
   - nature of ongoing relationship with client
   - satisfaction with program
   - perceived ongoing role for sponsor

4.3 Analyses Issues

1. If the characteristics of clients differ in some manner from the intended target client population, it may be there is a change in the needs of the institution. Thus it may be a change in the program plan is required. However it may be inappropriate clients are being referred because the institution staff are not well informed about the right type of clients to refer. If the planned target population is still valid or is a requirement of funding conditions, then steps must be taken to screen out the inappropriate clients and to inform the institution staff about the appropriate type of client to refer. More rigorous monitoring at intake may be required.

2. If the actual services and treatment activities vary in some way from the planned program, then modifications need to be made to the program model or to the actual activities ongoing.

3. If the atmosphere and philosophy of the Program differ in some way from the intended program, it may be the institution staff or the instructor/counsellor are not supportive of the model and are unconsciously acting in a counterproductive manner.

4.4 The Monitoring Process

Client data should be collected on each individual inmate client on an ongoing basis:

- at intake,
- during daily progress note–taking,
- during the weekly conference session,
- at discharge,
- at follow–up.

Forms to utilize include a client information form, a client case monitoring form, a client participation by activity form, and a client satisfaction questionnaire. All individual client data should be summarized on a quarterly basis and reviewed.

Once a year, in March/April, the Institution Program Committee, the Program Coordinator or Instructor/Counsellor should meet to address the process evaluation questions. During this meeting or workshop, the following information should be reviewed:

1. Statistics on client characteristics;
2. Total volume and type of services delivered;
3. Proportion of case management procedures followed;
4. Client satisfaction and perception of benefits;
5. Client completion rates.

5.0 ASSESSING ORGANIZATIONAL EFFECTIVENESS (ORGANIZATIONAL AUDIT)

5.1 The Evaluation Questions

1. Are the program's goals, objectives, philosophy and programs understood and endorsed by all levels of the institution. If not, why not?

2. Is the program structure well–defined; that is are the roles and responsibilities of all persons associated with the program described accurately and in full.

3. Are institutional/program staff/inmate relations conducive to effective communication, decision–making and efficient operation.

4. Is the institution management performing its role and function competently in a manner that facilitates the efficient and effective operation of the program?

5. Is the Counsellor/Instructor performing his/her function in a manner conducive to the efficient and effective delivery of services?

6. Is each and every staff person associated with the program adequately qualified and adequately performing his or her job as specified in the job specifications?

7. Are personnel procedures and policies well–defined and adhered to in a consistent manner such that they promote stability and satisfaction among staff?

8. Is the program being managed financially in a manner that ensures ongoing financial stability, cost–efficient use of resources relative to program outcomes and adherence to 'good' accounting practices?

5.2 Data To Be Gathered

The following data needs to be gathered in order to address questions concerning the organizational efficiency and effectiveness of the program.

1. Institution and Program Staff Support for Organizational Goals, Philosophy and Programs.
    - Do they have knowledge of
        - the goals and objectives
        - the philosophy
        - the treatment strategies
        - the needs and nature of clients
    - Do they believe in the relevance of
        - the goals and objectives
        - the philosophy
        - the treatment strategies
    - Do they actively attempt to implement
        - the goals and objectives
        - the philosophy
        - the treatment strategies

2. Clarity of Organizational Structure
    - function and duties of the Institution Program Committee
    - function and duties of the Program Coordinator (if relevant)
    - function and duties of any additional support staff
    - function and duties of Counselling/ Instructor staff
    - lines of authority and reporting relations

3. Institution Management/Program Relations
    - effective communication concerning job duties
    - trust and respect

4. Institution Management Performance, in terms of:
    - relationship with Program Counsellor/Instructor
    - interpretation and application of management policy
    - supervision of Counsellor/Instructor
    - management of personnel
    - management of finances
    - management of program and services
    - public relations

5. Performance of Program Counsellor/Instructor, in terms of:
    - qualifications and skills
    - relationship with clients
    - quality of performance
    - appropriateness of services delivery actions
    - adherence to service delivery procedures

6. Employee Job Performance
    - job descriptions exist specifying qualifications, skills required, job duties and standards
    - qualifications/skills of each Program Counsellor/Instructor
    - on-the-job performance in relation to specified job duties and standards of performance

7. Personnel Policies and Procedures
   - accurate and complete job descriptions
   - knowledge of and adherence to standardized
     - hiring and dismissal procedures
     - work hours and schedules
     - wages and benefits
     - rules of professional/staff conduct
     - grounds for discipline action and/or termination
     - grievance procedures
     - employee performance evaluation
   - training and professional development standards

8. Financial Management
   - accurate and timely bookkeeping and accounting
   - budgeting procedures
   - appropriate payroll procedures
   - appropriate and timely financial reporting
   - appropriate money handling
   - appropriate banking practices
   - appropriate travel and expense reimbursement policies and procedures
   - appropriate cash flow management
   - fund raising needs and efforts

5.3 Analyses Issues

Five problems usually underline most issues concerning the organizational integrity and efficiency of an organization.

1. Have policies and procedures been specified to help guide the functioning of an efficient program dedicated to the delivery of the treatment services to clients?

2. Is the organizational (accountability) structure, policies or procedures available in a written document so that it can be understood and applied in a consistent, standard fashion?

3. Do institution staff and program staff have knowledge of all the organizational structures, its policies and procedures so that they have the opportunity to apply them consistently?

4. Do institution staff and program staff support (i.e., believe in) these policies and procedures and seek to apply them?

5. Do institution staff and program staff consistently act (have the ability to competently perform) according to specified policies and procedures?

Organizational difficulties in any component of a program may be a result of any one or more of these problems. If policies and procedures can not be specified then it is very likely everybody will "do their own thing". This leads to confusion, disagreement and inefficiency. Policies and procedures may be specified; even be available in written format but persons responsible for following them may not be well informed about these policies and procedures.

Also, persons in an organization may be fully aware of the policies and procedures of their organization, but choose to violate them or ignore them because they don't believe in them.

Finally, policies and procedures may not be followed due to incompetence or lack of ability. (For example, policies having to do with the accurate accounting of money may be useless if the person responsible for bookkeeping cannot add numbers properly.)

Failure to have a well defined organizational structure, policies and procedures often leads to confusion, mistakes, and inefficiency in the delivery of services and the operation of the program. Tensions, communication blocks and disagreements can develop among staff as operational and organizational problems emerge. The end result is attention and energy diverted away from the delivery of treatment services to clients.

5.4 Data Collection Process

A formal organizational audit should be conducted once a year, during September-December.

The Institution Program Committee and Program Coordinator or Counsellor/Instructor are tasked with examining:

- The Organizational Structure – Definition and Clarity
- Management/Staff Relations
- Management Performance
- Service-Delivery Staff Performance
- Employee Job Performance
- Personnel Policies and Procedures

The Institution Program Committee and Program Coordinator are tasked with auditing all aspects of the program's financial administration, preparing the ongoing year's budget and planning any fund raising activities.

6.0 ASSESSING PROGRAM OUTCOMES AND BENEFITS (OUTCOME EVALUATION)

6.1 The Evaluation Questions

An outcome (sometimes called an impact evaluation) focuses on the question of whether the program outcome objectives have been achieved. That is, did the program have the results and benefits to the inmate that were intended. Assessing side benefits of a program are also a part of outcome evaluation.

In terms of the Inmate Substance Abuse Pre-Treatment Program, an outcome evaluation addresses the following specific questions for clients 3-12 months after treatment. Many of these outcomes are applicable whether or not the individual remains incarcerated in the institution or is parolled. Some are applicable only when the inmate has been parolled and is attempting to live on the "outside".

1. Do inmate clients develop and implement life plan goals and objectives (e.g. to go back to school, to complete a high school diploma, to improve family relationships, to get a job on the "outside", to go to Aa, to go to residential treatment, etc.)?

2. Do inmate clients develop a social and therapeutic network of peer and therapeutic support – such that they know they are not alone and can get help when needed?

3. Do inmate clients acquire and utilize new skills in constructively managing their lives.

4. Do inmate clients acquire and utilize stress management skills?

5. Do inmate clients acquire and maintain a belief that alcohol abuse is a disease that cannot be cured but can be arrested through changes in lifestyle and attitude?

6. Do inmate clients develop and utilize structure and rules in governing their day-to-day lives?

7. Do inmate clients develop an improved sense of self-worth and a more realistic perception of who they are and what they can do within their own culture?

8. Do inmate clients develop and utilize new priorities in dealing with people and their environment – priorities that reflect quality existence rather than immediate gratification?

9. Do inmate clients acquire a better appreciate of Indian history and culture in today's society and how it can help them in living their life.

10. What other benefits do clients achieve in terms of improved functioning in areas of work, family life, educational upgrading and health?

6.2 Data Gathering

In order to address the outcome evaluation questions, the following data should be gathered on a representative sample of clients who have completed the Inmate Substance Abuse Program each year.

The following data should be gathered from an informed professional source (i.e. the alcohol/drug counsellor or the prison liaison officer) at 3 months and 12 months following completions of the Inmate Substance Abuse Pre-Treatment Program.

1. Stability and place of client living situation (e.g. Institution or parolled –marital home, with friends, boarding, transient, on the street)
2. Client employment/school (if parolled)
3. Client mental/physical health status
4. Existence of family/social support network
5. Client involved in counselling/residential treatment
6. Client attending AA or related self help groups
7. Client drinking/drug use in past 3 months
8. Degree of client commitment and achievement of life plans and goals
9. Degree to which client is constructively managing his/her family, work and leisure time
10. Degree to which client copes with stressful situations without utilizing alcohol/drugs
11. Degree to which the client expresses attitude of commitment to total sobriety
12. Degree to which client has rules and structure in day-to-day life (e.g. gets up in morning at regular time, has meals at regular time, goes to work at certain time)
13. Degree to which client seems to like self better and is able to see self clearly and realistically
14. Extent to which client participates in native cultural activities
15. Other benefits

Self-report feedback from clients themselves on their health and social status can also be obtained using a Client Health Status Questionnaire.

6.3 Analyses Issues

Following collection of client outcome data and its analysis, it would also be useful to gather additional information from the parole officer or family members to ascertain how well a parolled client is doing in the community and whether this can be attributed in any way to the pre-treatment program. Individuals may have benefited from treatment in a number of ways but fail to maintain abstinence from alcohol or drugs because of lack of support or resources in their community for sobriety.

Analyses of the client outcome information should include analyses of all indicators of health and function for success to be awarded. A person may no longer be drinking but may still be engaging in destructive behavior to himself, his family and the community – they may not be productively engaged in any work, school or other activity.

Likewise, a person may have a relapse with alcohol or drugs but demonstrate tremendous improvement in mental and physical health, as well as other areas of life functioning.

6.4 Data Collection Process

Arrangements (i.e. a signed release) should be made with a community contact or sponsor (for purposes specific to this evaluation process) that they will be responsible for monitoring the client for 12 months following treatment. This responsibility would include completing a follow-up assessment report on the client at 3 months, 6 months and 12 months following completion of treatment.

A community contact/sponsor follow-up form and questionnaire should be mailed to the sponsor of every client at 3 months, 6 months and 12 months. If time and resources permit, a follow-up telephone call should be made to ensure that the questionnaire is completed and returned.

The client follow-up survey should be sent to every client at 12 months following completion of treatment. If time and resources permit, a follow-up telephone call should be made to the client to help them complete the questionnaire. A community sponsor may need to be contacted to assist in helping a client complete the follow-up questionnaire.

Data collection should proceed on a regular ongoing basis each month at the appropriate check-point periods. Data analysis should occur January-February of each year on the preceding January-December client closures.

The Institution Program Committee and Program Coordinator or Instructor/Counsellor are tasked with reviewing the results of the outcome data in March/April of each year, and with making any necessary program modifications to facilitate greater success.

7.0 MAINTAINING AN ACCURATE DESCRIPTION OF THE PROGRAM MODEL (ACCURATE PROGRAM DOCUMENTATION)

Program monitoring and evaluation involves many activities of gathering information from the clients, from the referral institutions, from justice and health professionals, from program staff and perhaps also from native communities. This information is put to various uses such as:

- describing the clients in need
- knowing the degree and type of need for services
- monitoring program activities

- keeping the program 'on-track'
- ensuring good program management
- maintaining program consistency and efficiency
- determining the degree of program success in achieving its objectives
- etc.

The information may reveal that modifications of the program model are required in order to improve and maintain overall program efficiency and effectiveness. Modifications may occur in any area, such as:

- the characteristics of the targeted client population
- the program goals and objectives
- the type and duration of services
- the treatment strategies
- the service-delivery procedures
- the organizational structure
- the type and amount of staffing
- the management policies and procedure

When modifications to the program model occur, it is essential that corrections are made to any relevant written documents describing the program model, the policies and procedures and the survey questionnaires. Then it is important to communicate these changes to staff, clients, the referral community and the alcohol and drug professional community, and appropriate related health and justice agencies.

Without an accurate representation of a program, both publicly and in written form, misconception and mis-judgement is possible.

ATTACHMENT

THE NATIVE INMATE SUBSTANCE ABUSE PRE-TREATMENT PROGRAM

SAMPLE DATA COLLECTION FORMS AND QUESTIONNAIRES

THE NATIVE INMATE PRE-TREATMENT ALCOHOL AND DRUG PROGRAM

A PROGRAM PLANNING SURVEY

A program for native Indian inmates is being developed to address the problem of substance addiction. The program is directed at preparing and motivating native inmates prior to parole to confront the problem of substance addiction in their lives upon release. The program is intended to prepare an inmate psychologically, socially and physically for later intensive treatment and rehabilitation.

The program is in a planning and development phase. We would appreciate your thoughts on the focus and activities, and any barriers you see to its implementation in your institution.

Date: ____________________ Code #: __________

1. Name of Institution: ____

2. Your job position in the Institution: ______________________________________

3. USING THE FOLLOWING DIMENSIONS, DESCRIBE THE VARIOUS TYPES OF ALCOHOL AND DRUG PROBLEMS EXHIBITED BY THE NATIVE INMATES IN YOUR INSTITUTION. INDICATE PROPORTION OF NATIVE INMATES EXHIBITING THESE PROBLEMS.

i) Is alcohol typically involved in the criminal offence leading to incarceration?
For most Native inmates ________ For Some:________ For a Few: ________
Explain:
____
____
____
____
____

ii) Are drugs typically involved in the criminal offence leading to incarceration?
For most Native inmates ________ For Some:________ For a Few: ________
Explain:
____
____
____
____
____

iii) Is alcohol dependency/addiction common among these imates outside the institution? (prior to incarceration)
For most Native inmates ________ For Some:________ For a Few: ________
Explain:
____
____
____
____
____

iv) Is drug use common among these inmates outside institution? (prior to incarceration)
For most Native inmates ________ For Some:________ For a Few: ________

List Common Drug Use	Level of Use

v) Within the institution, do you think alcohol is being consumed by the Native inmates?
For most Native inmates ________ For Some:________ For a Few: ________
Explain:

____

____

____

vi) Within the institution, do you think drugs are being used by Native inmates?
For most Native inmates ________ For Some:________ For a Few: ________

List Common Drug Use	Level of Use

4. WHAT DO YOU FEEL ARE THE CAUSES OF ALCOHOL DEPENDENCY/ADDICTION BY NATIVE PEOPLE?

____

____

____

____

____

5. DO YOUR FEEL IT IS POSSIBLE TO SUCCESSFULLY TREAT ALCOHOL DEPENDENCY/ADDICTION BY NATIVE PEOPLE? EXPLAIN.

6. USING THE FOLLOWING DIMENSIONS, DESCRIBE THE TYPICAL BARRIERS YOU SEE TO THE SUCCESSFUL TREATMENT OF THE NATIVE INMATES IN YOUR INSTITUTION.

i) Does the criminal history of the Native inmates interfere with successful treatment?
Yes ________ Somewhat ________ No ________
Explain:

ii) Does the Native inmate's attitudes about treatment for substance abuse interfere with successful treatment ?
Yes ________ Somewhat ________ No ________
Explain:

iii) Does the Native inmate degree of emotional and psychological stability interfere with successful treatment?
Yes ________ Somewhat ________ No ________
Explain:

iv) Does the Native inmate sentence and length of incarceration interfere with successful treatment (e.g. length of time before parole)?
Yes ________ Somewhat ________ No ________
Explain:

v) Is support from institution guards/and CMO's important to successful treatment?
Yes ________ Somewhat ________ No ________
Explain:

vi) Is support from other inmates important to successful treatment?
Yes ________ Somewhat ________ No ________
Explain:

vii) Is support from inmate's family or community important to successful treatment?
Yes ________ Somewhat ________ No ________
Explain:

viii) What other factors are important to the successful treatment of the Native inmate?
Yes ________ Somewhat ________ No ________
Explain:

7. USING THE FOLLOWING DIMENSIONS, IF A PRE–TREATMENT PREPARATION ALCOHOL AND DRUG PROGRAM IS IMPLEMENTED IN YOUR INSTITUTION, WHAT WOULD YOU LIKE TO SEE IN THE PROGRAM?

i) For what kinds of inmates?

ii) Length of program (hours, days, weeks)?

iii) Number of hours inmate involved each day?

iv) The primary focus of the program activities?

• individuals	Yes ____	No ____	Maybe ____
• inmate groups	Yes ____	No ____	Maybe ____
• inmate and family members	Yes ____	No ____	Maybe ____
• inmate and community sponsor	Yes ____	No ____	Maybe ____

v) The program objectives?

• understanding of alcohol/drug addictions	Yes ____	No ____	Maybe ____
• acceptance of alcohol/drug dependancy	Yes ____	No ____	Maybe ____
• desire to becom abstinant	Yes ____	No ____	Maybe ____
• increased self–esteem	Yes ____	No ____	Maybe ____
• desire for changed lifestyle	Yes ____	No ____	Maybe ____
• improved communication skills	Yes ____	No ____	Maybe ____
• awareness of damage to family and others	Yes ____	No ____	Maybe ____

- commitment made to recovery Yes ____ No ____ Maybe ____
- involvement/commitment of family members Yes ____ No ____ Maybe ____
- involvement/commitment of a community sponsor Yes ____ No ____ Maybe ____
- treatment of emotional problems (e.g. grief) Yes ____ No ____ Maybe ____
- improved interpersonal skills Yes ____ No ____ Maybe ____

8. WHAT ELSE WOULD YOU LIKE TO SEE THE PROGRAM ATTEMPT TO ACHIEVE?

9. USING THE FOLLOWING DIMENSIONS, WHAT SUGGESTIONS DO YOU HAVE FOR THE IMPLEMENTATION OF THE PROGRAM AND FOR HOW THE PRE-TREATMENT PROGRAM COUNSELLOR LIAISES WITH YOUR INSTITUTION?

i) How should referrals/inmate selection be done?

ii) How should information be shared between the institution and the counsellor?

iii) Should attendance be mandatory or optional?

iv) What reasons should be used to terminate inmates from the program?

v) What rules should apply to imate participation and behaviour while in the program? (What kind of enforcement)

10. ANY ADDITIONAL COMMENTS ON THIS PROGRAM?

INMATE SUBSTANCE AUBSE
PRE-TREATMENT PROGRAM

CLIENT INFORMATION

A. CLIENT ADMISSION DATA

See attached TARS Admission/Discharge form.

B. CRIMINAL HISTORY BACKGROUND (attach criminal history report)

1. Recent conviction (type of offence) and sentence
2. Prior convictions and sentence
3. Remaining time to parole
4. Instution psychological assessment
5. Behavior in institute

C.HISTORY OF INTERPERSONAL RELATIONS (attach social history assessment)

1. Marital status
2. Relationship withy family members
3. Relationship with a band or native community
4. Involvement with native cultural groups (e.g., Native Brotherhood)
5. Relationship with other native inmates

D. SUBSTANCE ABUSE PROBLEM ASSESSMENT

1. Michigan Alcoholism Severity Test Score: _____
2. How old when first had a drink? _____
3. How old when drinking started to cause problems (health, family, legal)? _____
4. Number of months/years when drinking has been a serious problem:

   years _____ months _____

5. Over the past 6 months, how many days on average did the client drink?

   Every day ___

   4-5 days/week ___

   2-3 days/week ___

   1 day/week ___

   3-4 days/month ___

   1-2 days/month ___

   no days ___

6. When the client drinks, how many drinks does he/she usually have?

1 drink ___
2-3 drinks ___
4-5 drinks ___
6-7 drinks ___
more than 7 ___

7. During the past 6 months, what was the longest period (number of days) that the client abstained from drinking alcohol ___

8. During the past 6 months, what was the usual number of days that the client abstained from consuming alcohol? ___

9. How does the client typically behave when drinking?

a) argumentative/verbally abusive Never ___ Sometimes ___ Yes ___
b) physically aggressive/violent Never ___ Sometimes ___ Yes ___
c) does things in public people find disturbing or offensive Never ___ Sometimes ___ Yes ___
d) becomes withdrawn, isolated Never ___ Sometimes ___ Yes ___

10. Issues in client's background:

a) was raised in alcoholic home Yes ___ No ___
b) was raised in foster homes Yes ___ No ___
c) went to residential school Yes ___ No ___
d) mother was neglectful or absent Yes ___ No ___
e) father was neglectful or absent Yes ___ No ___
f) victim of physical abuse Yes ___ No ___
g) victim of sexual abuse Yes ___ No ___
h) mother has died Yes ___ No ___
i) father has died Yes ___ No ___
j) other close family members have died unnaturally Yes ___ No ___
k) has attempted suicide Yes ___ No ___
l) a family member has attempted suicide Yes ___ No ___
m) has sexually abused someone Yes ___ No ___
n) has chronic health problems Yes ___ No ___

o) feels depressed a lot Yes ___ No ___
p) feels alone/isolated a lot Yes ___ No ___
q) feels anxious a lot Yes ___ No ___
r) gets into fights/arguments with spouse/partner Yes ___ No ___
s) gets into arguments/conflicts with family and friends Yes ___ No ___
t) has problems being a parent Yes ___ No ___

11. Behavior/attitudes expressed at start of program:
i) physically aggressive Never ___ Sometimes ___ Yes ___
ii) verbally aggressive Never ___ Sometimes ___ Yes ___
iii) loud and obnoxious Never ___ Sometimes ___ Yes ___
iv) quiet and withdrawn Never ___ Sometimes ___ Yes ___
v) fearful Never ___ Sometimes ___ Yes ___
vi) angry, anxious Never ___ Sometimes ___ Yes ___
vii) in denial Never ___ Sometimes ___ Yes ___
viii) cooperative Never ___ Sometimes ___ Yes ___
ix) talkative and openly honest Never ___ Sometimes ___ Yes ___
x) friendly and sociable Never ___ Sometimes ___ Yes ___
xi) curious and accepting Never ___ Sometimes ___ Yes ___
xii) flexible and tolerant Never ___ Sometimes ___ Yes ___

E. IN TREATMENT ACTIVITIES

1. Total hours involved in group therapy sessions ______
2. Total hours received individual counselling ______
3. Total hours attended AA meetings (or other self-help group meetings) ______
4. Total hours participated in educational sessions ______
5. Total hours participated in skill learning sessions ______

F. DISCHARGE

See attached TARS Admission/Discharge form.

G. DISCHARGE ASSESSMENT

1. Discharge status:

a) Completed program ___
b) Withdrew from program ___
c) Medical problem ___
d) Non-compliance ___
e) Substance abuse ___

2. Behaviors/attitudes at discharge from program:

i)	physically aggressive	Never __	Sometimes __	Yes __
ii)	verbally aggressive	Never __	Sometimes __	Yes __
iii)	loud and obnoxious	Never __	Sometimes __	Yes __
iv)	quiet and withdrawn	Never __	Sometimes __	Yes __
v)	fearful	Never __	Sometimes __	Yes __
vi)	angry, anxious	Never __	Sometimes __	Yes __
vii)	in denial	Never __	Sometimes __	Yes __
viii)	cooperative	Never __	Sometimes __	Yes __
ix)	talkative and openly honest	Never __	Sometimes __	Yes __
x)	friendly and sociable	Never __	Sometimes __	Yes __
xi)	curious and accepting	Never __	Sometimes __	Yes __
xii)	flexible and tolerant	Never __	Sometimes __	Yes __

6. Discharge target:

a)	Remain in institution	Yes __	Maybe __	No __
b)	Transfer to another institution	Yes __	Maybe __	No __
c)	Parolled and go	Yes __	Maybe __	No __
•	back to family	Yes __	Maybe __	No __
•	to recovery/support program	Yes __	Maybe __	No __
•	to job	Yes __	Maybe __	No __
•	to school	Yes __	Maybe __	No __
•	to other treatment centre	Yes __	Maybe __	No __
•	Other: ______________________			
•	Unknown	Yes __	Maybe __	No __

TARS ADMISSION/DISCHARGE FORM

*Case # : ________ *Date of Admission: ________ *Admitted to ________
*Surname : ________ *Given Name: ________
Known as: ________ *Date of Birth ________
Street : ________
City : ________
Prov. : ________ Postal Code: ________
*Sex: ____ *On Reserve: ____ Phone # : ________
SIN : ________ Health Ins#: ________ Marital Status: ________
Under Treatment: ________ Family Type: ________
Band Name: ________ Status/Treaty#: ________

Next of Kin: ________ Relationship: ________
Address: ________ Phone # : ________

*Treatment Past 2 Yrs? ____ * Education: ____ Location: ________
*Referral source: ________ *Legal Status: ________
*Income source : ____ *Employment: ____
Usual occupation: ________ Language: ________
Counsellor: ________ Completed by: ________

SUBSTANCES ABUSED

________ ________
________ ________
________ ________
________ ________
____

DISCHARGE FORM

*Case #: ________ *Date of Discharge: ________

Surname: ________ Given Name: ________
Known as: ________ Date of Birth: ________
Address: ________ Date of admit: ________

Sex: ____ On Reserve: ____ Phone #: ________
SIN: ________ Med.# : ________ Marital Status: ________

*Reason for leaving: ________ Date rescheduled: ________
Referred to: ________
Contact name: ________ Assessment forwarded: ____

Clients Future Plans: ________
Anticipated Address: ________

Follow up Date: ________

NATIVE INMATE SUBSTANCE ABUSE PRE-TREATMENT PROGRAM

CLIENT SATISFACTION QUESTIONNAIRE

1. Name (optional): ______________________ 2. Date: ______________

3. What have you *most liked* about participating in the Program?

____

____

____

____

4. What did you *dislike* about participating in the Program?

____

____

____

____

5. Circle the adjectives that describe how you felt when you *first entered* the Program:

excited
anxious
depressed
hesitant
respected
sad

afraid
happy
calm
relaxed
trusting
hopeful

eager
uncertain
angry
accepting
distrustful
unhappy

What other feelings did you have? ______________________________

____

6. Circle the adjectives that describe how you felt *after two weeks* of being in the program:

excited
anxious
depressed
hesitant
respected
sad

afraid
happy
calm
relaxed
trusting
hopeful

eager
uncertain
angry
accepting
distrustful
unhappy

What other feelings did you have? ______________________________

____

7. Your Instructor/Counsellor will provide you with a list of the different program sessions(e.g., Traditional Values and Principles, Physiological Effects of Alcohol, Therapeutic Recreation, The Talking Circle, Stress Management, Individual Counselling, Elder Session, Native History) For each of these different sessions please rate how much you liked each of them.

Indicate why you liked it or didn't like it.

a) ____________________

1. Liked it a lot ____
2. Liked it a little ____
3. Neutral ____
4. Disliked it some ____
5. Disliked it lots ____

Why liked it? (check as many answers as appropriate):

1. It was fun ____
2. It was interesting ____
3. Changed me ____
4. Helped me to understand ____

If you didn't like it, why not?____________________

____

b) ____________________

1. Liked it a lot ____
2. Liked it a little ____
3. Neutral ____
4. Disliked it some ____
5. Disliked it lots ____

Why liked it? (check as many answers as appropriate):

1. It was fun ____
2. It was interesting ____
3. Changed me ____
4. Helped me to understand ____

If you didn't like it, why not?____________________

____

c) ____________________

1. Liked it a lot ____
2. Liked it a little ____
3. Neutral ____
4. Disliked it some ____
5. Disliked it lots ____

Why liked it? (check as many answers as appropriate):

1. It was fun ____
2. It was interesting ____
3. Changed me ____
4. Helped me to understand ____

If you didn't like it, why not?____________________

____

d) ______________________________

1. Liked it a lot ___
2. Liked it a little ___
3. Neutral ___
4. Disliked it some ___
5. Disliked it lots ___

Why liked it? (check as many answers as appropriate):

1. It was fun ___
2. It was interesting ___
3. Changed me ___
4. Helped me to understand ___

If you didn't like it, why not?______________________________________

____

e) ______________________________

1. Liked it a lot ___
2. Liked it a little ___
3. Neutral ___
4. Disliked it some ___
5. Disliked it lots ___

Why liked it? (check as many answers as appropriate):

1. It was fun ___
2. It was interesting ___
3. Changed me ___
4. Helped me to understand ___

If you didn't like it, why not?______________________________________

____

f) ______________________________

1. Liked it a lot ___
2. Liked it a little ___
3. Neutral ___
4. Disliked it some ___
5. Disliked it lots ___

Why liked it? (check as many answers as appropriate):

1. It was fun ___
2. It was interesting ___
3. Changed me ___
4. Helped me to understand ___

If you didn't like it, why not?______________________________________

____

g) ______________________________

1. Liked it a lot ___
2. Liked it a little ___
3. Neutral ___
4. Disliked it some ___
5. Disliked it lots ___

Why liked it? (check as many answers as appropriate):

1. It was fun ___
2. It was interesting ___
3. Changed me ___
4. Helped me to understand ___

If you didn't like it, why not? ______________________________

____

h) ______________________________

1. Liked it a lot ___
2. Liked it a little ___
3. Neutral ___
4. Disliked it some ___
5. Disliked it lots ___

Why liked it? (check as many answers as appropriate):

1. It was fun ___
2. It was interesting ___
3. Changed me ___
4. Helped me to understand ___

If you didn't like it, why not? ______________________________

____

i) ______________________________

1. Liked it a lot ___
2. Liked it a little ___
3. Neutral ___
4. Disliked it some ___
5. Disliked it lots ___

Why liked it? (check as many answers as appropriate):

1. It was fun ___
2. It was interesting ___
3. Changed me ___
4. Helped me to understand ___

If you didn't like it, why not? ______________________________

____

j) ______________________________

1. Liked it a lot ____
2. Liked it a little ____
3. Neutral ____
4. Disliked it some ____
5. Disliked it lots ____

Why liked it? (check as many answers as appropriate):

1. It was fun ____
2. It was interesting ____
3. Changed me ____
4. Helped me to understand ____

If you didn't like it, why not?____

____

k) ______________________________

1. Liked it a lot ____
2. Liked it a little ____
3. Neutral ____
4. Disliked it some ____
5. Disliked it lots ____

Why liked it? (check as many answers as appropriate):

1. It was fun ____
2. It was interesting ____
3. Changed me ____
4. Helped me to understand ____

If you didn't like it, why not?____

____

l) ______________________________

1. Liked it a lot ____
2. Liked it a little ____
3. Neutral ____
4. Disliked it some ____
5. Disliked it lots ____

Why liked it? (check as many answers as appropriate):

1. It was fun ____
2. It was interesting ____
3. Changed me ____
4. Helped me to understand ____

If you didn't like it, why not?____

____

m) ______________________________

1. Liked it a lot ___
2. Liked it a little ___
3. Neutral ___
4. Disliked it some ___
5. Disliked it lots ___

Why liked it? (check as many answers as appropriate):

1. It was fun ___
2. It was interesting ___
3. Changed me ___
4. Helped me to understand ___

If you didn't like it, why not? ____

____

n) ______________________________

1. Liked it a lot ___
2. Liked it a little ___
3. Neutral ___
4. Disliked it some ___
5. Disliked it lots ___

Why liked it? (check as many answers as appropriate):

1. It was fun ___
2. It was interesting ___
3. Changed me ___
4. Helped me to understand ___

If you didn't like it, why not? ____

____

o) ______________________________

1. Liked it a lot ___
2. Liked it a little ___
3. Neutral ___
4. Disliked it some ___
5. Disliked it lots ___

Why liked it? (check as many answers as appropriate):

1. It was fun ___
2. It was interesting ___
3. Changed me ___
4. Helped me to understand ___

If you didn't like it, why not? ____

____

p) ______________________________

1. Liked it a lot ___
2. Liked it a little ___
3. Neutral ___
4. Disliked it some ___
5. Disliked it lots ___

Why liked it? (check as many answers as appropriate):

1. It was fun ___
2. It was interesting ___
3. Changed me ___
4. Helped me to understand ___

If you didn't like it, why not? ____

____

q) ______________________________

1. Liked it a lot ___
2. Liked it a little ___
3. Neutral ___
4. Disliked it some ___
5. Disliked it lots ___

Why liked it? (check as many answers as appropriate):

1. It was fun ___
2. It was interesting ___
3. Changed me ___
4. Helped me to understand ___

If you didn't like it, why not? ____

____

r) ______________________________

1. Liked it a lot ___
2. Liked it a little ___
3. Neutral ___
4. Disliked it some ___
5. Disliked it lots ___

Why liked it? (check as many answers as appropriate):

1. It was fun ___
2. It was interesting ___
3. Changed me ___
4. Helped me to understand ___

If you didn't like it, why not? ____

____

8. List some of the topics discussed or videos seen in the group information session or the group work sessions. Check off the topics you remember and write one thing you remember about it.

What I remember or learned:

1. __________

2. __________

3. __________

4. __________

5. __________

6. __________

7. __________

8. __________

9. __________

10. __________

11. __________

12. __________

13. __________

14. __________

9. What do you feel you learned as a result of participating in this Program?

____

____

____

____

10. How satisfied were you with the activities and services you received?

1. very satisfied ___
2. somewhat satisfied ___
3. neutral ___
4. somewhat dissatisfied ___
5. very dissatisfied ___

Why? ____

____

11. Circle the adjectives that describe how you feel, now that you are ending the Program:

excited
anxious
depressed
hesitant
respected
sad

afraid
happy
calm
relaxed
trusting
hopeful

eager
uncertain
angry
accepting
distrustful
unhappy

What other feelings did you have? ____

____

12. Would you like to participate in this type of program again?

1. Yes _____ 2. Maybe ____ 3. No _____

13. Would you recommend other inmates to participate in this Program?

1. Yes _____ 2. Maybe ____ 3. No _____

14. What suggestions do you have to make this Program better ?

15. My Personal Counsellor Was:

a. _____ Very Helpful

b. _____ Somewhat Helpful

c. _____ Neutral

d. _____ Somewhat Harmful

e. _____ Very Harmful

16. Other Staff Were:

a. _____ Very Helpful

b. _____ Somewhat Helpful

c. _____ Neutral

d. _____ Somewhat Harmful

e. _____ Very Harmful

Other Comments if desired _____

17. Staff could have been more helpful if they _____

18. What I found most helpful about the staff was _____

19. What I found most harmful about the staff was ______________________________

____

____

____

20. Other Comments: ____

____

____

____

NATIVE INMATE SUBSTANCE ABUSE PRE-TREATMENT PROGRAM

PROGRAM SATISFACTION QUESTIONNAIRE

(to be completed by Institution Staff*)

The Inmate Substance Abuse Pre-Treatment Program would appreciate your feedback on this program and on whether it is serving the needs of native inmates. Your comments will be kept confidential. You do not need to put your name on this questionnaire.

1. Have you ever referred someone to the Program?

No ____ Yes ____ If 'Yes' , when was that ______________________

2. What happens in the Program? What are the treatment goals?

____

____

____

____

____

3. What types of people do you feel can benefit from this treatment program?

____

____

____

____

____

---

* Could include such persons as CMO, native liaison officer, deputy warden, prison psychologist, etc.

4. In what ways does the program benefit people who go there?

5. Do you feel that clients participating in the Program are treated well and with respect?

Yes, very much ____ Yes, somewhat ____ No ____

Explain:

6. Do you like the treatment approach and philosophy of this Program?

Yes, very much ____ Yes, somewhat ____ No ____

Explain:

7. Do you like the Indian cultural activities and traditions incorporated into the program?

Yes, very much ____ Yes, somewhat ____ No ____

Explain:

8. Are you satisfied with the procedures and process of referring clients to the Program?

Yes, very much ____ Yes, somewhat ____ No ____

Explain:

9. Do you know what to do in order to make a referral? What help could you use?

____

____

____

____

____

10. Are you satisfied with the types of treatment or counselling activities that clients receive?

Yes, very much ____ Yes, somewhat ____ No ____

Explain:

____

____

11. Are you satisfied with the degree to which the justice community has input into this program?

Yes, very much ____ Yes, somewhat ____ No ____

Explain:

____

____

12. Are you satisfied with the information and feedback that the Program provides to the referral agent on the progress of a client?

Yes, very much ____ Yes, somewhat ____ No ____

Explain:

____

____

13. Do you feel that the program adequately meets the needs of the clients referred there?

Yes, very much ____ Yes, somewhat ____ No ____

Explain:

____

____

14. Do you feel that the program counsellors provide good service?

Yes, very much ____ Yes, somewhat ____ No ____

Explain:

____

____

15. a) Do you know of any persons you would like to refer to the program?

No ____ Yes ____ If yes, how many ____

b) Will they go to treatment at the program ? No ____ Yes ____

If not, why not?

____

____

____

16. Are there types of persons or types of problems that you would like to refer to the Program *but cannot* because the Program doesn't provide treatment to these people? If yes, what types of people or what types of problems?

____

____

____

____

____

17. What things do you *like best* about this Program?

____

____

____

____

18. What things *don't you like* about this Program?

19. What recommendations do you have for the Program?